

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT

### THE ST. LOUIS MEETINGS

We want to call the attention of all our readers, especially new subscribers, to the announcements in the columns of nursing news of the convention to be held in St. Louis, April 23-29, of our three national societies, the American Nurses' Association, League of Nursing Education and Organization for Public Health Nursing. The programs of the meetings are given in full, with hotel names and rates. Those who contemplate attending these meetings, either individually or as delegates, and it is to be understood that every nurse in the country is welcome, should study these pages carefully and make sure, if going as delegates, that all dues of their associations have been paid, and conditions met.

This is the one great occasion of the year when groups of workers from all sections of the country come together for interchange of ideas, promotion of standards, stimulation of enthusiasm, the making of new friendships and the renewal of old ones.

The JOURNAL is making preparations for a book table, where books on nursing subjects will be on exhibition or for sale, and where orders may be given. This will be a good opportunity for those who are only familiar with the titles of books to become acquainted with their contents by looking them over and discovering which are best suited to their needs.

### PROGRESS OF STATE REGISTRATION

**NEW JERSEY.** The New Jersey nurses were able to defeat a very undesirable amendment, whose aim was to give registration without examination to nurses graduating from any training school in the state,

and to pass one recommended by the State Nurses' Association containing a number of minor changes, the most important being the provision made for army and navy nurses for registration, whose occupation deprives them from legal residence in the state.

**KENTUCKY.** The Kentucky bill has passed both houses and has been signed by the Governor. The nurses of this state have had an unusual experience in their efforts to secure a law, which we give as it came to us.

A bill was introduced into the Kentucky State Legislature, January, 1914, to provide a state board of examiners for trained nurses, the object being to prevent nurses, not properly trained, from misrepresenting themselves to their patrons. The bill met with some opposition, due mainly to lack of information, on the ground that it was a harmful discrimination against the practical nurse.

One of the men, who had avowed his opposition to the bill, was Mr. Samuel Turley, a representative from Mt. Sterling. The very day when he had expressed his opposition, he had an attack of acute indignation, while in the Capitol building, and fell in a faint. Among the first to reach his side were two trained nurses, Mary Alexander, of Louisville, and Emma Hunt, of Frankfort. They assisted in reviving him; and when he regained consciousness, and saw the nurses ministering to him, he said, "God bless you ladies; I am for your bill now." Miss Hunt went to the hotel with Mr. Turley, and spent the entire afternoon and evening with him, till he died. Several times he repeated his intention to work and vote for the bill.

The incident had, doubtless, a profound effect on the legislature. One representative made a speech for it, and alluded to the incident. The bill passed the House with only three negative votes.

**NEW YORK.** As we close our pages, the bill for the amendment of the Nurse Practice Act, which had been introduced in both the Senate and the Assembly, seems to be lost. An opposition bill has been introduced into the Senate by Mr. Foley, at the request of the Hospital Conference of New York City, which proposes an amendment to the Public Health Law, having for its object the abolishing of the present Board of Nurse Examiners, and the substitution of a board composed of two physicians, two managers of hospitals, and two nurses, graduates of a training school for nurses connected with some hospital. The promoters of this bill have evidently confused the duties of the examiners and councillors. Councillors are appointed by the Regents and not by the Legislature. They are not nominated by the New York State Nurses' Association.

In the report published annually by the New York State Education Department, entitled *Report of Higher Education*, there is always to be found, on the last inside cover page, the following:



**Advisory Councils.** Under Regents rules advisory councils are appointed representing the various university institutions; the convocation; the college; the academic; the library; the medical; the dental; the veterinary; the pharmaceutical; the nurse training; the music and industrial and trades.

In the early days of the administration of the Nurse Practice Act, the Regents did not appoint an Advisory Council and during that time, the Board of Nurse Examiners was many times called in conference with representatives of the Education Department in regard to matters concerning standards of education. It was by such conference that the first syllabus was prepared, which was recommended to the schools of the state. Later, the Regents appointed a Council, the first one being composed of nurses and one physician. Since the appointment of this Council, with exactly the same duties as devolve on the councils of other departments of education mentioned above, those of advising with members of the Education Department in regard to the administration of the law, standards of education, etc., the duties of the Board of Examiners have been confined to the preparation of examination questions, the conducting of the examinations and practical demonstrations accompanying them, the marking and rating of papers, and the granting of certificates under the waiver.

From this, it will be seen that the Board of Examiners is not, at the present time, a dominating influence in the fixing of standards, or in the administration of the law, only in those matters that pertain directly to examination and registration. The criticism constantly made, that the Board of Examiners is vested with too much power and authority, is the result of ignorance of the method of administration of the Education Department and of the duties of these two groups of people: the Advisory Council and the Board of Examiners.

We understand that Commissioner John K. Finley has given it as his opinion that he sees no objection to enlarging the Regents' Council by the addition of five more members, three to be members of the medical profession and two to be laymen, who are hospital trustees. The president of the New York State Nurses' Association and the chairman of the Legislative Committee approve this.

#### LEGAL PROTECTION OF THE WORD NURSE

In the movement to protect the word Nurse, and make it apply exclusively to those who have had proper preparation in caring for the sick, it has been shown conclusively that nurses are following the same procedure which some years ago was taken by physicians, and that the arguments used then, in different states, and different courts,

by different authorities, when such measures were under discussion, apply with equal force to the nursing question. A brief has been prepared by John F. Farrell, counsel, of Brooklyn, which is a summary of legal opinions at the time the use of the word Physician was restricted to those who were educationally qualified to practice medicine. We give a few quotations from this brief because, whether New York carries its measure at this time, or not, the question is one that will come up in other states, and that must be before the nursing profession for many years until the word Nurse is absolutely protected.

The first point taken up is:

It has been claimed that the bill is unconstitutional in that, by restricting the word Nurse to the duly qualified and registered person, it deprives someone of his or her rights.

A statute regulating the right to practice medicine, but leaving the field open to all who possess the prescribed qualifications does not abridge the privileges or immunities of citizens.

Such a statute "was part of the police regulation of the state. It was thought necessary for the protection of the people that these safeguards should be thrown around them in reference to those who assumed to practice medicine in the community. The state has a right to determine upon what conditions and under what circumstances its citizens should be entitled to pursue any vocation. It is in no way interfering with any vested rights, nor is it a usurpation of authority which is not possessed."

We submit that the legislature has the same right to restrict the meaning of the word Nurse, when used in connection of the care of the sick as in this amendment, that it has to restrict the meaning of the word Physician when used in a like manner.

Decisions are cited in fourteen or fifteen states, including New York, and also in the Supreme Court of the United States, sustaining the validity of such legislation and recognizing the right and power of the state to restrain and regulate persons engaged in any business or pursuit when the public welfare demands it.

In the first Mr. Justice Field wrote the opinion of the court. It was an action involving the validity of a statute of West Virginia, requiring every physician practicing in it to obtain a certificate from the State Board of Health that he was a graduate of a reputable medical college in the school of medicine to which he belonged, or that he had practiced in the state for ten years or had been found qualified after examination by the Board. In upholding the statute the distinguished Justice said:

"It is undoubtedly the right of every citizen of the United States to follow any lawful calling, business or profession he may choose, subject only to such restrictions as are imposed upon all persons of like age, sex and condition. . . . Here all vocations are open to every one on like conditions. The interest, or, as it is sometimes termed, the estate acquired in them, that is, the right to continue their prosecution, is often of great value to the possessor, and cannot be arbitrarily taken from them any more than their real or personal property can thus be taken. But there is no arbitrary deprivation of such right where

its exercise is not permitted because of a failure to comply with conditions imposed by the state for the protection of society. *The power of the state to provide for the general welfare of its people authorizes it to prescribe all such regulations as, in its judgment, will secure or tend to secure them against the consequences of ignorance and incapacity as well as deception and fraud.* As a means to this end it has been the practice of different states, from time immemorial, to exact in many pursuits a certain degree of skill and learning upon which the community may confidently rely, their possession being generally ascertained upon an examination of parties by competent persons, or inferred from a certificate to them in the form of a diploma or license from an institution established for instruction on the subjects, scientific and otherwise, with which such pursuits have to deal. The nature and extent of the qualifications required must depend primarily upon the judgment of the state as to their necessity. If they are appropriate to the calling or profession, and attainable by reasonable study or application, no objection to their validity can be raised because of their stringency or difficulty. It is only when they have no relation to such calling or profession, or are unattainable by such reasonable study and application that they can operate to deprive one of his right to pursue his lawful vocation. . . . Legislation must necessarily vary with the different objects upon which it is designed to operate. It is not open to the charge of depriving one of his rights without due process of law, if it be general in its operation upon the subjects to which it relates, and is enforceable in the usual modes established in the administration of government with respect to kindred matters; that is, by process or proceedings adapted to the nature of the case. The great purpose of the requirement is to exclude everything that is arbitrary and capricious in legislation affecting the rights of the citizen. . . . There is nothing of an arbitrary character in the provisions of the statute in question. It applies to all physicians, except those who may be called for a special case from another state; it imposes no conditions which cannot be readily met; and it is enforceable in the mode usual in kindred matters, that is, by regular proceedings adapted to the case. . . . The law . . . was intended to secure such skill and learning in the profession of medicine that the community might trust with confidence those receiving a license under authority of the state."

In an action in which the Public Health Law (of New York State) was construed by the Supreme Court of the United States, Mr. Justice Brewer, in delivering the opinion of the court said:

"No precise limits have been placed upon the police power of a state and yet it is clear that legislation which simply defines the qualifications of one who attempts to practice medicine is a proper exercise of that power. Care for the public health is something confessedly belonging to the domain of that power. . . . It cannot be doubted that the legislature has authority, in the exercise of its general police power, to make such reasonable requirements as may be calculated to bar from admission to this profession dishonest men, whose principles or practices are such as to render them unfit to be entrusted with the discharge of its duties. . . . It is, no one can doubt, of high importance to the community that health, limb and life should not be left to the treatment of ignorant pretenders and charlatans. It is within the power of the legislature to enact such laws as will protect the people from ignorant pretenders and secure them the services of respectable, skilled and learned men."

All of the foregoing might have been as appropriately said of the amendment to the Public Health Law regulating the practice of Nursing, and it seems useless

to attempt to add anything to these decisions of the highest court in the land; but, as has already been shown, the same question has arisen in numerous other states and the law has been upheld. There is no question, therefore, of the right of the legislature to restrict the use of the word Nurse.

**The second point taken up is:**

About the advisability and necessity of restricting the use of the word Nurse, as proposed, as a measure of protection to the public against ignorance and fraud, we have another parallel in the manner in which the use of the word Physician has been restricted.

Formerly the word Physician had a wide significance and in states in which the word as used in a special sense has not been defined by statute it still has this broad meaning, as where it has been judicially decided that a dentist is a physician. . . . Thus we find that the word Physician, which at one time had a wide significance, has been restricted by statute in its meaning to "a practitioner of medicine," and it is now denied in (New York) state to pharmacists who are compounders and dealers in medicine. We submit that the time has arrived when the law should be amended in the interest of the public, of the hospitals and of the nurse by restricting in like manner the use of the word Nurse to the duly qualified person.

W. Frank Persons, director of the Charity Organization Society of the city of New York, in a letter to the chairman of the Public Health Committee of the Senate, gives an epitome of the way in which the words Lawyer and Doctor have been given a restricted meaning, and adds:

To establish by law, so far as training and equipment are concerned, a definite meaning for the word Nurse, can work harm to no one who is not sailing under false colors and would be a valuable protection to the general public.

We should like to suggest to those especially interested in legislation that they write to Miss Littlefield of the Homeopathic Hospital, Albany, N. Y., for a copy of the brief quoted from above, as it is valuable literature to have in one's possession.

**AN ILLUSTRATION**

As an instance of the need of the protection of the word Nurse, we quote from a letter received at this office recently:

A prominent northwestern physician in our town has an office girl, just from the country, with no previous experience as a nurse. She wears a uniform very much like that of our training school, and he refers to her as his nurse. His patients, as well as the public in general, get the impression that she is a nurse, and nurse, to them, means trained or graduated. She nurses his patients in some rooms near his office and lives with his family. We should like to know what attitude the registered nurses should take. Is it an injustice to our training schools for a non-graduate to wear the uniform?

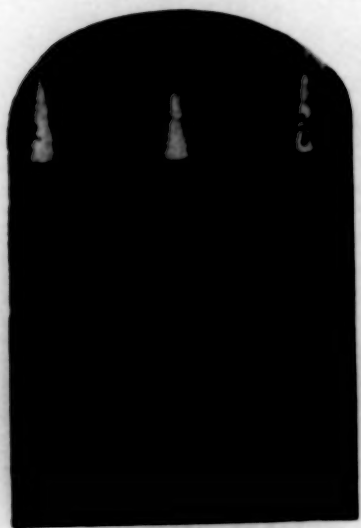


**HAVEN COUNTRY CLUB**



**DINING ROOM**





**AN INVITING CORNER**

What the nurses of this state need to do is to get to work on an amendment to protect the word Nurse on the same lines as those over which the New York nurses are now struggling. The conditions described are not unusual, they may be found in almost any locality, the doctor's action is not in any way illegal, it is simply a breach of good faith and good manners on his part toward the nursing profession. Such people can only be reached through the process of the law, and such conditions could not exist if the word Nurse were properly protected.

#### THE GRADING OF NURSES

The question of the grading of nurses is one to which a great deal of attention is still being given by the committee appointed from the American Hospital Association, and by others interested in it. It is proposed to establish several grades of nurses, designated, as A, B, C etc., these classes representing different degrees of training, both as to experience, theory, and time spent in hospitals of different kinds, general or special. We think nurses generally, over the country, agree with us that there should be but one grade of person to be known as a nurse, and that those of lesser qualifications, both as to general and professional education, should be grouped under the title of attendant, such attendants, in the course of time, to be registered by the state, as nurses are.

There seems to us to be a great deal of unnecessary concern on the part of many people in regard to grading, when the solution proposed by nurses themselves is such a simple one. The objection to this plan of subdivision is based upon the fear on the part of many people that women will refuse to enter the attendant group because the title would not give them the same standing as that of nurse, which they are now able to use without any adequate preparation for the care of the sick. With all respect for those men and women who are seriously considering this plan of several grades of nurses, it seems to us it is based upon fraud. A woman is either a nurse or not a nurse. If she is not qualified to care for the sick, she should not be called a nurse.

#### CLUBS FOR NURSES

##### THE HAVEN COUNTRY CLUB

A great many nurses, when starting off for their vacations, are at the disadvantage of having to go alone, and often give up an outing they need, for this reason. They realize that lack of companionship will detract from the pleasure and even from the profit of the trip, as

not only their bodies, but their minds, are in need of rest and change. Even when two are so fortunate as to be able to plan to go together, they may be at a loss in the choice of a place. Hotels are prohibitive in price, and unless one knows something definite of a boarding house, she may be in doubt as to whether it is a desirable one. To such people, clubs, such as the Haven Country Club, at Nyack-on-the-Hudson, offer a most delightful solution of the difficulty. There all the details of their comfort are thought of and planned for by those who appreciate their needs, so that bodily rest, fresh air, opportunity for out-of-door life, and the inspiration which comes consciously or unconsciously from having a wide stretch of river and hill before them, are assured. If a person must go alone for her outing, she finds herself a member of an agreeable family, rather than a stranger among strangers. There is something of the convenience of a hotel and the comfort of a home, together with the unusual opportunity of mingling with those engaged in other departments of social welfare. Nurses often try to hide their identity when on holiday, that they need not be expected to talk "shop." Here, they will find their own work placed in the light of other workers' needs and aims. The problems of all are similar, yet sufficiently unlike to arouse interest and stimulate new ambitions.

Miss Maxwell, who is president of the Club and who has been foremost among those working for its establishment, writes of it:

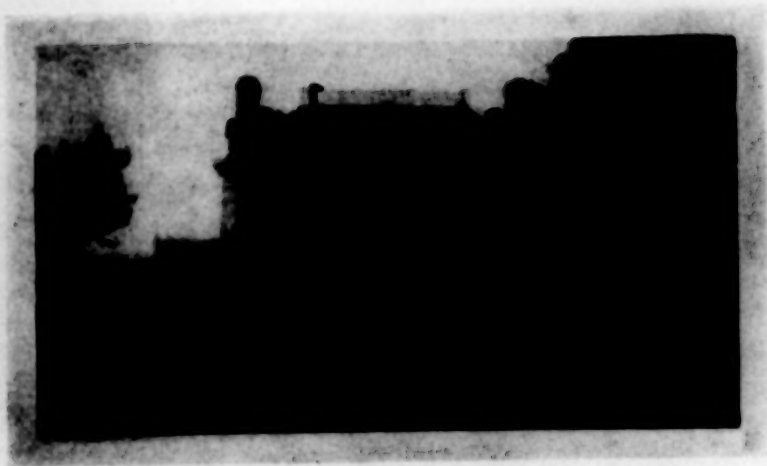
The new Club has made a notable record in the three months of its existence, having on several occasions been filled to its greatest capacity. Twenty-two guests were entertained over a recent week end, comprising distinguished members of several professions, thus affording delightful interchange of ideas and new acquaintanceship.

The active membership (fee, one dollar a year) has not yet reached the three-hundred mark. It should reach at least three thousand. After April 1, an initiation fee of one dollar is required.

The Club should appeal to a wide and varied circle of professional women in different parts of our country. Librarians, teachers, students, secretaries, social workers and nurses are welcomed. Members wishing to visit the East may enjoy the privileges of the Club and in some instances might be able to pass an entire holiday amid the delightful surroundings of "the picturesque and historic Hudson."

No effort has been spared on the part of the Committee to make the Club homelike, useful and attractive, and it now waits with its supporters to interest their friends to increase the membership so that the Club may become a permanent organization.

It should not be supposed that this Club is for the benefit of nurses in the locality of New York, alone. Everyone goes to New York at some time or other. Nyack is only thirty miles from the city, by the



HAVEN COUNTRY CLUB, PORCH OVERLOOKING THE GARDEN



IN THE GARDEN



Erie Railroad, and for those who wish to enjoy the advantages of sight-seeing or shopping but who would like a still and restful retreat at the day's end, with congenial companionship, the Club would make ideal headquarters. The accompanying photographs speak more plainly than we can do of the comfort and beauty of the place.

#### DUNNEWYCHE HOME FOR NURSES

A description of the Dunnewyche Home for Nurses, of North Carolina, is found in the news department under the heading of that state. This has been mentioned before, as being exclusively for North Carolina nurses but it will be shown by this new announcement that guests from the outside are desired. The home is situated in one of the most beautiful mountain regions of that section and has the advantage of dry bracing air and a wonderful outlook. Its advantages should appeal especially to those who need a long rest or who are searching for change of scene or climate.

#### WHAT PUBLIC HEALTH SERVICE HAS ACCOMPLISHED

One of the subjects discussed at the Federation meeting of State Medical Examiners was that of public health administration. Among other speakers, Dr. Victor C. Vaughan, the distinguished bacteriologist of Ann Arbor, Michigan, is quoted, in the *Journal of the American Medical Association*, as follows:

We can say that since the discovery of the tubercle bacillus in 1882, the death-rate from tuberculosis in the United States has been reduced 54 per cent. We can say that in the past ten years 200,000 lives have been saved from death from tuberculosis. Preventive medicine generally measures its success by the number of lives saved. A battle in which 20,000 lives are lost would stir the world at the time, and would fill the pages of the historian of the future. Preventive medicine in this country has averaged 20,000 lives a year saved in the last ten years. The average of human life has been increased nearly four years in the last ten years. The average of human life in the United States today is fifty years, and if we were to apply exactly what we know today and never learned anything more, the average human life in this country would be increased about fifteen years more. Are there facts more forceful than these and are not the people of the United States sufficiently intelligent to appreciate them? Since I began the practice of medicine, scarlet fever has been reduced in its death-rate from 54 per hundred thousand in the registered area to 6. Diphtheria has been reduced from 117 to 18. Typhoid fever, about which we have been so slow, has been reduced from 34 per hundred thousand to about 16 per hundred thousand. In 1880 only 17 per cent of the entire population of the United States was included in the registered area, compared with 61 per cent at present, and we want to make this complete. We want to obtain complete morbidity statistics and show the people their value. I think that the people will be intelligent enough to respond.

Such facts are of vital importance to all people, but they are of special interest to public health nurses, who may not have realized the extent of their work when viewed in the aggregate.

#### FEDERATION PRIVILEGES

Nursing associations, especially state associations, that are affiliated with the federation of women's clubs of their state, ought to see to it that the business of their clubs and of their meetings, but more particularly news relating to legislation, is reported in the magazine of the federation. It would seem to us to be as much their privilege to be represented in its pages as for any other clubs affiliated, yet as one looks over a copy of the *Federation Bulletin*, she sees news from all other kinds of organizations and nothing in regard to nursing affairs. It would help enlighten the public as to our aims if the members of women's clubs were kept informed of the efforts and progress of nursing, especially along the lines of legislation.

#### ANOTHER OPENING FOR NURSES

It was our privilege recently to hear an address given by a police woman of one of the western cities. In commenting on the various situations which arise, in which a woman is especially valuable as a police officer, we noticed that each instance cited was of sudden illness, insanity or helplessness of a woman, and it occurred to us that a woman with a nurse's training would be even more valuable than one without, for such an occupation.

#### JOURNAL NEEDS

One of the most gratifying parts of the JOURNAL work has been the steady development of the Book Department, which while proving to be a labor-saving convenience for the busy superintendents of training schools and hospitals, brings the editorial office in closer touch with many members of the teaching force, from whom most of the orders come. We want to remind these women, and the individual purchaser, as well, that we are not only prepared to furnish the books listed in the pages devoted to that Department in each issue of the JOURNAL, but that we are glad to secure for them any others they may want. In this connection we repeat what has been said so often in these pages, that members of the American Nurses' Association who help to promote the business and success of the JOURNAL, are working in the interest of an enterprise in which they are part owners.

**JOURNALS FOR SALE**

In response to our request recently published, so many replies have been received, that we are now able to direct our readers to those who have broken or complete sets of back numbers of the JOURNAL which they are willing to sell, and as our list of such magazines is sufficiently large, others need not be offered to us for the present. The only issues of which we are particularly in need are January and February, 1914. If single copies of these numbers are sent to the editorial office at Rochester, in good condition, in a flat package, not rolled, and if the name of the sender is on the package, 25 cents in stamps will be forwarded to her.

**MISSISSIPPI SECURES A LAW FOR REGISTRATION**

The Mississippi bill for state registration has passed both houses and was signed by the Governor on March 11. The text of the bill will be given in the May issue of the JOURNAL.

**A CONVENTION ITEM**

Too late for insertion in the program of the American Nurses' Association, as printed on pages 555, 556 of this issue, we learn that the speaker for Thursday evening, April 23, will be Surgeon J. O. Cobb, Bureau of Public Health Service, Washington, D. C.

## CONTAGIOUS DISEASES: THEIR MODES OF TRANSMISSION<sup>1</sup>

By CHARLES CLYDE BUTTER, M.D.

*Rochester, N. Y.*

To properly combat and stamp out contagious and infectious diseases we must first know the exact cause of the disease and then we must discover the actual methods of transmission of the disease germs. Methods of prevention must be based upon this knowledge. A sign of progress along this line is shown by the frequent changes made in our health laws. Sanitary measures directed against infectious diseases must be modified, from time to time, to correspond with existing knowledge.

Our views concerning these matters are undergoing rapid changes, partly owing to the rapidly-accumulating knowledge of bacteria and other disease-producing organisms, and partly owing to direct observations on the manner in which infectious diseases are disseminated, and on the effect of certain preventive measures.

Our first idea of disease was that the germs of disease commonly grew in decaying organic matter, yet, at this time, contagion was recognized as a factor in the spread of disease, and isolation was insisted upon. With the discovery that bacteria and protozoa were the specific causes of disease and that they were distributed widely in dead organic matter, came the theory that the source of disease was outside of the body and chiefly in dead animal and vegetable matter. Later it appeared that the growth of disease germs outside of the body was not frequent enough to be an important factor in the production of disease. Animal parasites, which belong to the protozoa, can be cultivated only with difficulty, and even the cultivation of the more common bacteria is strictly limited, so that it is hardly possible to imagine their maintaining a saprophytic existence. The germs of typhoid fever, cholera, dysentery, and diphtheria may be conceived of as growing outside of the body, under natural conditions, but such growth must be exceedingly rare. Anthrax and tetanus bacilli and the pus-producing bacilli may develop in the soil, but there is no evidence that they commonly do so. There is not the slightest reason for supposing that tuberculosis, influenza, cerebrospinal meningitis, scarlet fever, small-pox, whooping cough, gonorrhea, syphilis, yellow fever and sleeping sickness ever

<sup>1</sup> Read at a meeting of the Monroe County Registered Nurses' Association, Rochester, N. Y., February 24, 1914.

develop outside of the body. The cleansing of streets, alleys and back yards, of dwellings and stables, the regulation of offensive trades and the prevention of nuisances generally, then, have, except for one or two diseases, no direct relation to the general health, nor any value in the prevention of specific diseases. They do, however, aid in the extermination of insects and vermin which have been proven to carry the disease germs of certain diseases. Municipal cleanliness will tend to promote personal cleanliness, and real personal cleanliness is a very important factor in the prevention of contagion.

The next theory, which was almost universally accepted until recently, was that the air was the chief medium for the transmission of fomites, containing disease germs. Health laws were then based on this view and most health officials insisted that contagious diseases could be stamped out if all persons so infected could be isolated.

With the abandonment of this theory, that disease is air-borne, we are forced to believe that the transmission of disease is through direct contact with the sick or healthy carriers of disease germs, or through the medium of certain insects, such as the mosquito, fly, tick, flea or bed-bug. There are many problems which investigators have not solved and there are many which must be interpreted scientifically before we shall be able to completely stamp out infectious or contagious diseases. To derive the most benefit we must study the problems from a practical standpoint, and note carefully the relative importance of the different sources of disease and the different methods of infection. Thus, it is of more importance to know that 99 per cent of typhoid bacilli die in water in one week than to know that a few may live many weeks. It is important to know that disease germs may be carried by the air and be recovered from articles in the sick room, but we must also know the amount of germs which we may expect to be thus carried and how often disease is traced to such a source. The finding of tubercle bacilli in the milk has given us much alarm, but since a serious effort has been made to measure the actual danger, the alarm has greatly diminished. The typhoid bacillus has been carried by the fly, but we are profoundly ignorant of the percentage of cases of typhoid fever so transmitted.

The relation of dust to disease is important. Dust itself may, by directly irritating the respiratory passages, open the door to tuberculosis and other infections of the air passages, such as common colds, influenza, and pneumonia. Street dust may contain pathogenic organisms such as tubercle bacillus, many varieties of cocci, the colon bacillus, bacillus cereus, bacillus pasteurii, and possibly, under special conditions, tetanus, malignant edema, and occasionally other pathogenic micro-



organisms. Fortunately, most microorganisms, pathogenic for man, soon die when dried or when exposed to sunlight. Whatever danger, then, resides in the air, so far as living bacteria are concerned, is found rather in indoor air, and especially in the air of badly-ventilated, dusty, and crowded places. Here the danger may be either from the bacteria-laden dust or from droplet infection. While the air plays a minor rôle in the spread of the infections, bad air plays an important part in reducing vitality and predisposing to disease.

Tuberculosis has long been considered a primary inhalation disease because the lungs are most affected. This theory has been greatly overestimated. Very few bacteria, suspended in the air, actually reach the lungs, being caught on the moist mucous membranes of the upper air passages. Furthermore, tuberculosis of the lungs is usually located at the apex, which is not in the direct line in which bacteria or floating particles would be mechanically carried. During speaking, and especially during loud talking, coughing and sneezing, tiny droplets of saliva, containing live bacteria, are thrown from the mouth. Such droplets may be readily seen in the proper light. It has been shown by experiment that no bacilli were found as near as 6 inches during deep breathing, but after coughing they could be recovered from all parts of the room. It was not possible to infect animals with mouth spray over 25 cm. from the mouth but tubercle bacilli were collected on agar plates at the distance of a meter. No enumeration seems to have been made and difficulty of finding them suggests that they are not very numerous. Perhaps the air of the room is not always dangerous to breathe even if tubercle bacilli can be found in the settled dust. Danger would, of course, be increased if the soil be rendered susceptible by previous disease or by irritation of dust, etc. Tubercle bacilli, contained in the droplets sprayed from the mouth are fresh and virulent and may be conveyed indirectly through the food, fingers, eating utensils or other objects.

The diphtheria bacillus like the tubercle bacillus may be transmitted directly from one person to another, as by kissing, or exposure to droplets sprayed from the mouth in coughing, speaking or sneezing.

The most common method of transmission among children, perhaps, is by toys, slate pencils, food, fingers, handkerchiefs, or other objects that have been mouthed first by the infected child and then by the susceptible child.

Bacillus carriers play a large rôle in the spreading of typhoid fever and diphtheria. They are especially dangerous because they are usually not recognized and no precautions are observed. Their recognition and elimination will be a great factor in the prevention and dissemination of these diseases.

The frequency of the mouth's agency in the production of disease is almost altogether overlooked. The bacteria which are recognised as the active agents in the causation of many diseases are mostly received into the body through the mouth. Here is a central propagating place for many varieties of bacteria. An absolutely clean and otherwise healthy mouth and normal gastric digestion will prove a barrier to most of the pathogenic bacteria.

The recent discovery of the transmission of disease by insects gives us entirely new and most effective means of combating disease. The mosquito has been proven to be the method of transmission of malarin, yellow fever, filariasis and dengue. The tick has been the means of transmission of Texas fever, Rocky Mountain spotted fever, African tick fever and relapsing fever. Relapsing fever may also be transmitted by the bed-bug. Plague has been known to be transmitted by the flea. The most important of the insects and the one to which we are giving considerable attention at present is the fly. To it is given the credit of transmitting a long list of diseases, including sleeping sickness, pink eye, purulent ophthalmia of Egypt, typhoid fever, cholera, dysentery and possibly contagious ophthalmia, erysipelas, anthrax, glanders and other skin infections, small-pox and other exanthema. The most important recent addition to this list is that of poliomyelitis, which may be transmitted by the *stomoxys calcitrans* or stable fly (Rosenau).

The suppression of insects and household vermin is essentially a question of cleanliness. The most effective measures will be those which strike at their breeding places. Food must be so protected that insects, mice and rats cannot gain access to it. Cleanliness and incessant care must not only be exercised in the household itself but must also include the back yard and surroundings of the house. Old cans and broken bottles, rubbish, garbage, and general untidiness around the household afford breeding places, hiding places or food for vermin. Food should also be protected from contamination by the cat, dog or other animals of the house.

We are now better able than before to attribute to water and milk their proper share in the distribution of infection. From time immemorial water has been believed to be the bearer of disease, but it is only since the middle of the nineteenth century that the subject has been studied scientifically. While tuberculosis, diarrhoea, dysentery and cholera may be transmitted by water, polluted with sewage, typhoid is probably the only disease frequently transmitted in this manner.

Milk has been known to transmit typhoid fever, tuberculosis and occasionally scarlet fever and diphtheria. Milk is also considered by some to be an important factor in the production of infant diarrhoea.

The question of the transmission of tuberculosis has resulted in much controversy. "It is now practically settled that the two types of bacilli—bovine and human—are distinct and quite permanent, and that they are reciprocally infective though not to the same degree (Chapin)."

Fruit and vegetables, such as celery, lettuce, and radishes, may be dangerous, if grown on land fertilized with night soil. This may account for an occasional case of typhoid fever, but there is no epidemiological evidence that they may transmit any of the so-called contagious diseases.

The danger of typhoid fever being transmitted by raw shell fish is not very great, but this danger should be eliminated entirely by prohibiting the sale of shell fish from polluted waters.

The diseases which it is alleged may be transmitted by flesh foods are those caused by animal parasites, of which trichinosis is the most important, diseased conditions by the colon group of bacilli, and tuberculosis.

The prevention of infection may be summed up in a word—cleanliness, not only of food, water and milk, but also cleanliness of person and environment. There must be physical and biological cleanliness.

Contact infection is the greatest factor in the dissemination of disease. The hands are the part of our bodies most frequently in contact with infected and unclean materials. Unless precautions are observed until they become a habit, this will lead to the conveying of disease germs to the mouth either directly or by the handling of food or anything we put in the mouth. The best advice that can be given is to keep the hands clean and keep the hands out of the mouth. We can rest assured that if people can be better taught to practice strict personal cleanliness, they will do more than anything else to prevent infectious diseases.

Persons with tuberculosis or other communicable disease should not be permitted in any department where meat, meat products or food of any kind are handled or prepared in any way. Garden truck must be grown in clean dirt and not in soil polluted with human excrement. Food must be guarded in transportation and purveyed in markets and shops protected from flies, rats, dust and unnecessary human contact.

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PROVINCIAL NURSE CORPS OF THE PHILIPPINES<sup>1</sup>

By MARGARET M. WHEELER, R.N.

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When the American people found themselves responsible for the welfare of a dependent people their first impulse was to extend to these dependents the same liberties, religious, civil and political, which are the very foundation of our national life; but a close study of the Filipinos revealed the fact that at least 80 per cent of the Philippine people were illiterate and were unable to speak any common language. Their fifteen or more Malay dialects are very crude and have only a small vocabulary, making it impossible to communicate with them in terms of modern thought. The policy adopted by this government, therefore, was to begin at once to educate the people to the use of a common language, English, and at the same time to carry on a school of practical politics which would lead the Filipinos by gradual steps to achieve their own individual idea of self government. It is not the purpose of this paper to describe the progress of education in the Philippines under American government, although it is one of the most interesting subjects of modern times, but rather to confine it to one small sub-division of that education which deals with the training of nurses.

This work was begun by the Bureau of Education but was transferred to the Bureau of Health in April, 1910, and at the same time a class for male nurses was organized by the same Bureau, as the need for well-trained, intelligent men for the male wards of hospitals (particularly the prison hospitals), sanitary inspectors, and for certain kinds of district nursing, was very great. Another reason was the prevalence of calamities caused by earthquakes, typhoons, cholera epidemics, etc., to which the Philippines seem particularly liable. In cases like this, having trained men do the field work, while the women nurses attend to the field hospitals, makes an ideal combination.

This course, as first planned, was to cover two and one-half years of work, or more, if the pupil seemed to need it; but it was demonstrated by experience that none of the pupils could complete a satisfactory course in the allotted time, so the course was increased to three and one-half years, with an elective course of six months for post-graduate work, along such lines as district nursing, dispensary management, etc.—the pupil receiving an additional diploma for this work.

With the opening of the Philippine General Hospital, an institution

<sup>1</sup>The photographs illustrating this article are reproduced through the courtesy of Dr. Seadrum.

of 800 beds, with an out-patient department where about 1000 patients were treated daily, it was found possible to give the nurses an excellent practical course in medical, surgical, obstetrical and dispensary nursing in this institution, while the nursing of dangerous communicable diseases is taught at San Lazaro Hospital, where cholera, plague, tuberculosis, measles, diphtheria, small-pox, yaws, etc., are treated.

A corps of forty American graduate nurses gives constant supervision to the work of the pupil nurses, and now their number is augmented by a large number of Filipino graduates. There are 212 regular pupils in the training school, besides some extras from the non-Christian provinces and the number of eligibles from which to choose is constantly increasing. In this connection I wish to correct an error which I have heard constantly repeated, and that is that the nurses are drawn only from the families of *ilustrados*. This is not the case. The nurses come from all classes in the islands, two from each province, their admittance depending upon character and scholarship, and not upon family or any other kind of "influence."

The nurses are given six months preliminary training during which they go to the wards for about two hours a day to make beds, clean hospital furniture and utensils, set trays, serve diets, arrange cupboards and linens, and disinfect clothing. The remainder of the day is spent in the class room where they are taught bandaging, hospital housekeeping, English, practical nursing, text-book and demonstration, cooking and anatomy. At the end of the preliminary period all are given a very rigid physical examination, and those who show any signs of disease of any kind are sent home, but if they are perfectly well and if their character, disposition and progress are satisfactory, they are placed on regular ward duty, interrupted by classes.

The nurses are sent to the University for anatomy, physiology, embryology, bacteriology, urinalysis, and materia-medica. All other subjects are taught in the class room of the school, and are practiced in the hospital, and the training of the nurses is identical with that given by the very best training schools in the United States. In this training school there are now about one hundred graduate Filipino and Filipino nurses ready for work. (This does not include the nurses graduated by the Mary Johnson, St. Paul's and University Hospitals).

When the Philippine Training School for Nurses graduated its second class, it was felt that the time had come to organize a Provincial Nursing Corps, which it was hoped would eventually reach every town in the provinces; but as the Island of Cebu is one of the most densely populated islands of the Philippine group, and contains the next largest city to Manila, it was decided to begin there. A consultation with Dr. Pond,





**PUPIL NURSES' AMBULANCE, PHILIPPINE GENERAL  
HOSPITAL, MANILA**



**WHERE THE NURSES FIND THEIR PATIENTS**

the District Health Officer for the Province, made it clear that at least three nurses could be used at once; in fact, personal observation led the author to believe that at least three to every town could be used to advantage, but as only three nurses were available, it seemed wiser not to mention the larger number until the public began to demand them.

Dr. Fend at once undertook to appoint the nurses as Sanitary Inspectors, and to give them a salary of twenty dollars a month until the necessary steps were taken to have them appointed as Civil Service nurses and paid a nurse's salary from the Provincial funds.

The Filipino nurses, as a class, seem to be entirely unmercenary and they made no objection to the salary, which scarcely covered their living expenses, so anxious were they to begin the work. Their action in this matter is particularly creditable when we remember that the alternative was a position on the graduate staff of the Philippine General Hospital at Manila, with the protection of Civil Service appointment. You can imagine how happy this decision made the American nurses who were responsible for their training, as it demonstrated that they had acquired the real nurse's outlook upon life and that they regarded themselves really as "Soldiers of the common good" seeking to give back to their people who out of their poverty had so generously educated them, some practical demonstration of their gratitude.

Fortunately the preliminaries were soon arranged, and in the course of a few months the nurses were duly appointed as Provincial nurses with Civil Service protection.

It was announced in the papers that the nurses were ready to respond to calls and that one of them would give a talk in the Visayan language (the dialect spoken in Cebu), the subject to be "Infant Feeding." The mothers were especially invited, but the lecture was open to all.

The assembly hall of the High School was used for the lecture and the hour set was 9 a.m. This lecture was attended by a large number of High School students, girls and boys, and about twenty mothers with their young babies. The writer was present and heard the lecture delivered by one of the Filipino nurses, but what she said will forever remain a mystery to all who did not understand Visayan. However, it seemed to interest pupils and mothers alike, and when at the conclusion of the lecture the nurse announced that she would weigh the babies, the mothers were delighted and became very anxious to talk with the nurses about their individual babies. This, of course, gave the nurses a chance to take their names and addresses and to establish cordial relations which would be followed up by visits to their homes, etc. Within a week the nurses were called upon night and day, and were becoming so interested that it seemed as if they could never be spared from the city of Cebu;

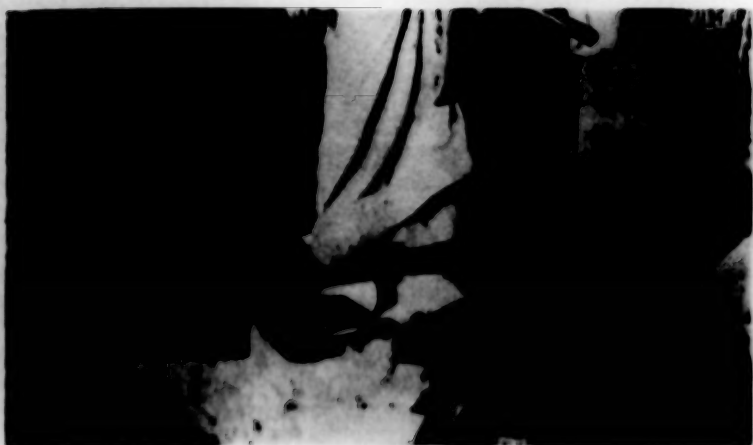
but this was only the beginning of the plan, and in a short time one was sent to make a tour of the towns on the Island and to establish a regular route, with a visiting day once in two weeks in each town. All the new-born were visited in their homes, and in this way relations were established with families in several neighborhoods and the way left open for suggestions along many lines, the nurses showing the mothers how to bathe and care for older children, as well as the baby. Where there were sick, instructions were given for their care, the nurse carefully demonstrating it to the member of the family who was doing the nursing. Instructions were given to pregnant women on the care of themselves and their unborn children.

The nurses delivered the mothers, when called upon to do so, and this allowed them to demonstrate to a dozen or so neighbors, who always come to look on, the main points in caring for the new-born. The obstetric practices of the ignorant Filipinas are beyond belief, but these little native nurses, trained in an up-to-date, modern hospital, with the very latest appliances for a labor room, set to work to deliver these poor women on the floor of their huts without a moment's hesitation. They were supplied with an obstetrical pack which contained all things needful, and the nurses seemed not to notice the difficulties of delivering a woman on their knees.

Soon after the nurses started, there was an epidemic of amebic dysentery on a near-by Island, and the nurses were able to make such a record for themselves there that the very last vestige of prejudice disappeared.

The nurses always wear their uniforms, and it certainly took a great deal of courage for a Filipina to go to some of these primitive towns dressed in "American" clothes, but in time it was accepted by the people as a sign of distinction, and now the nurses do not feel at all conspicuous in it.

The nurses keep a complete card system of every patient attended, all supplies used, etc., and any one interested in like work and desiring further information on the subject can obtain it from Dr. Victor G. Heizer, Director of Health, Manila, P. I.

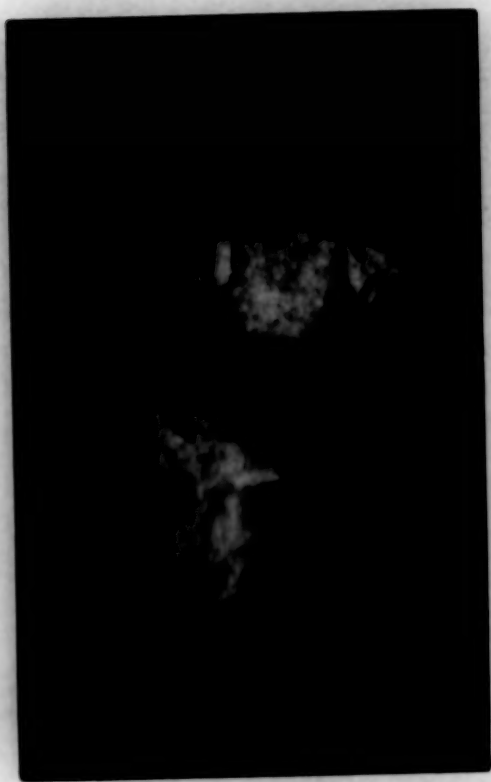


INTERIOR OF A HOME WHERE PROVINCIAL NURSES WORK



CEBU HIGH SCHOOL  
CEBU, P. I.

A SCHOOL WHERE HEALTH TALKS ARE GIVEN



**A FILIPINA NURSE**



## THE QUALIFICATIONS OF A DISTRICT NURSE

By FLORENCE O. GIBBS, R.N.

*Graduate of the Park Avenue Hospital, Chicago*

The graduate nurse finds many avenues of activity open to her, but the one in which her radius of influence is widest, and in which her personality has the greatest play is district or visiting nursing.

A district nurse should come to her work with certain well-defined and indispensable qualities: she should be well trained professionally; she should be strong and well, physically; she should have a splendid mentality; and, above all, infinite patience and discernment and tact. She sees poverty as the result of disease, and disease as the result of poverty, and drink and dirt and despair and death, and she goes among it all because of her love of men and her belief in them, and her hope for them.

I once heard a man who was serving on a committee for prison reform explain, on hearing the qualifications to be desired in the members of the committee, "If we could get men who possessed all those attributes of personal virtue and mentality, we would make prime ministers of them." No one may feel that if our district nurses have so high a standard set for them, there is nothing to which they may not aspire, but district nursing, to my mind, is not a means to an end, but an end in itself. There is no work more worthy, it is definitely palliative, it is instructive, and it is, according to the ability of the individual nurse, constructive.

Take a single illustration as an example. The nurse goes into a home to give a paralyzed woman a weekly bath. After a few visits she learns that the family is supported by a son who is a teamster. A daughter of sixteen keeps house, very badly. She is beginning to feel the restraint and monotony of her life and is varying it by going to public dances in questionable company. The son, hardworking, but tired of the uninviting home, is taking to drink, and the family is sinking lower and lower. A wise woman is taken into the nurse's confidence, and she consents to "exchange recipes" with Marie, who is thus unconsciously stimulated to take an interest in her housework. Later she is glad to join a neighborhood class in cooking and a Girl's Friendly Society. A man, who has promised to play Big Brother for the nurse, manages to meet the son; they go to ball games together. He joins a local society for men and is saved from a drunkard's career.

If one only realizes that people are not all good or all bad, but a judicious mixture of both, and that wholesome surroundings and whole-

some interests can nearly always check vicious impulses, if they can be substituted in time, much of crime would be avoided.

There are so many things a judicious nurse can do as she goes about her daily work. Samples of dental cream delight the small boy, and the hygiene of the mouth may be taught in simple language. A library card opens up a new world to a family, many times. Boys and girls who are working may be induced to join the evening school, even adults are not proof against this sort of thing. One mother and daughter who were urged to join the class in millinery in a near-by high school have never ceased to thank me for the inspiration.

A day's work may include baths for a mother and new baby, care of a convalescing pneumonia patient who is about ready for a convalescent home, a typhoid sent to the hospital, several calls for the county physician and to the nearest office of the United Charities. Some days there is not much physical work, but there is the woman with gaiter who must be urged once more to see a specialist; the boy with adenoids who must be sent to the dispensary; the child who needs glasses; the mother to be taught to prepare the baby's food.

Whenever the subject of district nursing is discussed, the much-mooted question of numerical showing comes up. While the number of calls made daily is not indicative of the quality of the service rendered, still they do carry weight, and a nurse who cares for her people will try to make as many of them as possible comfortable in a day. As the acute cases must be cared for first, the care of the chronic is pushed later into the day or the week. The blessed chronics! how much they mean to us. With all the change in our work, they alone remain the same. They love us and they uphold us, they relate to us all of the faults and all of the virtues of our predecessors, as they will in turn relate our failings and our good qualities to our successors.

I hope I have made it clear that the district nurse needs to be a very human, human being, and we may be glad if the rank and file can be made up of the average, honest, clear-headed, helpful woman, whose aim is to carry cheer and comfort into the disease-ridden desolate homes, meeting as well as may be the questions of hygiene and economy, preventing the spread of communicable diseases, patiently teaching, over and over, the simple lessons of the value of fresh air, clean water, wholesome food and exercise. She will find, as she gets into her work, that she does not have to meet her many problems unaided, for organized charity stands ready to aid her here, a church will give help there, hospital, clinics and physicians give generously of their knowledge, and her family and friends help her in an infinite variety of ways if she is only wise enough to press them into service. Here is a big work; a work too

bread for crumbs; a work that calls for self, not sect; a work that calls for a woman who is both trained and tender. It is a work that gives back in full measure all and more than is put into it.

### TOLERATION OF NOISES

By C. MAY HOLLISTER, R.N.

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It has been said by a prominent New York real-estate dealer, and we too have probably all observed the fact, that street noises have increased tremendously within the last few years. Probably some of these disagreeable noises might be ruled out by law, while others might be corrected by modification; but such possibilities we do not plan to discuss here.

There are some noises, however, within our own professional field of action, which we can control and which we, as nurses, should control. The rubber heel is too old an effort in that direction to warrant mentioning here, but there are numerous other points which we might think of, such as the lifting of a chair, rather than shoving it, or putting an agate basin down softly, when putting it out of our hands, or when nesting it with others. In a patient's home, we often find a squeaking door or noisy carpet-sweeper. A few drops of oil from the machine oil-can will usually remove these annoyances, much to the relief of the one in bed; and noises, we find, are usually exaggerated for such a one.

With some of us, our voices might be classed among the noises to be controlled. A high-pitched, unnecessarily-loud voice is poor stock in trade for a nurse; we need to watch ourselves on this point. A school teacher of our childhood days, was in the habit of saying, "A loud voice denotes a vacant mind." We will make no attempt to either confirm or deny the truth of this statement.

With these few suggestions, we will leave the subject of controllable noises, believing there are many others which we could all call to mind or which will come to our observation in the future, from time to time, as we think about the matter, remembering always that the lessening or removing of a noise, is so much of relief to our patients.

Let us now give a little thought to the noises which annoy us, independently of our patients, but over which we may have no control. For instance, a night nurse going to bed in the day time finds many noises surrounding her. It seems a pity that a nurse must try to sleep in the midst of any disturbance, but some noises, such as street traffic or household activities, are unavoidable. With these unavoidable noises, the

more passive attitude we take, the better for us and our sleep, and if we can even tell ourselves that we like the noise, strange as it may sound, the noise may prove a source of help. If it is produced by a steady, unchanging regularity of action, the regularity produces a kind of rhythm, the rhythm becomes a pleasant monotony, and we are lulled off to sleep, if we will but take an absolutely passive attitude toward it. Let us become so enveloped by the noise with its monotonous rhythm that we have ears for nothing else; mentally, we become part of that rhythmic action and reap the benefit of sleep, thereby converting into a source of help, that which at first sounded like a growling hateful enemy.

We once heard a nurse tell of her happy experience with coal. She was on night duty, and the winter supply of coal was being put in, not far from her bedroom window. Her first thought was one of indignation, that such a thing should be allowed when nurses were about to go to bed—to sleep, if possible, but she soon discovered that there was a dreamy rhythm, which was missed when the man stopped putting in the coal, which they did at a comparatively early hour each day. She said she soon found herself hurrying mornings to undress and get into bed quickly before the noise ceased, that she might be put to sleep by the rhythm of the running coal. This may sound far-fetched, but it was told as a true experience.

A lawn-mower may prove a source of annoyance, or a blessing, according to the manner in which it is being operated and the way in which we accept the noise. Let the lawn-mower be operated by a willing, steady hand of a quietly-disposed man, who shoves it along with a uniform regularity, and we find that the machine's noise, if passively accepted, becomes a blessing in disguise, carrying its dreamy suggestions as we slip off to sleep.

The paddle-wheel of a steamboat may be regarded in the same way. It is a noise, steady and uniform in character. Let us accept it passively and if our stateroom happens to be over the wheel, let us say that we like the sound, let us relax and go to sleep to the swish-swash of the wheel.

A district nurse once told me of her experience the first night that she went to live in a noisy, congested section of New York. It was summer time, the windows were all open, and the streets were filled with children whose evening fun consisted in kicking and rolling large, empty cans around on the pavements, until after ten o'clock. The nurse's room was at the front of the house and her first thought when going to bed was, "Dear me, I shall never sleep with all this noise about me." Then she recalled some of Miss Call's logic, and said to herself, "Come on noise, I like you." Of course she did not like it, but she had taken a

passive attitude toward an annoying matter, over which she had no control, and that is what we all have to learn to do with matters that are really beyond our control. We may, eventually, be able to correct the difficulty, but in the meantime, for our own sake, let us be passive.

## THE SIGNIFICANCE AND MANAGEMENT OF CONVULSIONS

By MORRIS J. KARPAS, M.D.

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New York, N. Y.*

**Introduction.** Of all the symptoms in nervous and mental diseases, none is so important as convulsions from the point of view of the observation of a nurse. It is rather striking that the physician is seldom fortunate enough to witness the entire process of a convulsive attack and he must, therefore, depend wholly upon the intelligent cooperation of the nurse. It cannot be too strongly emphasized that convulsions play important rôles in the diagnosis of a nervous or mental infirmity. Hence it is of supreme importance for the nurse to appreciate the significance of convulsions and learn properly how to observe and record them. It is, however, well to bear in mind that patients afflicted with convulsions are not always epileptic, for convulsions may become manifest in a variety of diseases and conditions. It is the purpose of this paper to give a comprehensive account of convulsions.

**General considerations.** Synonyms.—Convulsions are often called fits, spasms, seizures, and convulsive seizures.

**Definition.** Convulsion is derived from a Latin word—*convellere*, *con* (cum) with, and *vellere* pull, meaning a pulling together or contraction. A convulsion may be defined as an involuntary muscular contraction. It has two stages, tonic and clonic, the former meaning rigidity with formation of fixed positions and the latter implying rhythmic convulsive contraction. In some cases the convulsion may be tonic. The tonic stage lasts a few seconds; and the clonic several minutes; however, the time duration may be longer in each instance.

Convulsions may be general or partial, the former being extended all over the body and the latter limited to a certain part of the body, such as the face, arm or leg. In such cases the convulsion is designated, as Jacksonian, named after the renowned English neurologist, Hughlings Jackson, who was the first one to make this valuable observation.

Convulsions may be preceded by a definite prodromal period which may be of short or long duration, this period is known as aura which is very



frequently present particularly in the epileptics. The aura may become manifest in the following ways: (1) Motor sphere—isolated clonic or tonic twitchings of face, thumb, etc., may be experienced. (2) Sensory sphere—sudden attacks of pain; headache, giddiness, vertigo, and air hunger; experiencing peculiar sensations in various parts of the body, especially in the epigastrium; seeing dark spots before the eyes and the perception of peculiar odors and tastes. (3) Mental sphere—periods of mild depression and a feeling of uncertainty or unreality; hallucinations of all senses, anxiety and apprehensive states; impulsive and erratic acts; irritability and irascibility; tendency to confusion and perplexity;—these are frequent symptoms of an approaching attack. (4) Vaso-motor sphere—cardiac palpitation, perspiration, blushing of face, and the like are often noted.

The onset of the convulsion is abrupt and is usually preceded by a sudden and loud shrill cry and the patient falls on the floor.

*Phenomena during the convulsion.* Consciousness is usually suspended, although in some cases the patient may be conscious during the entire attack. The patient bites his tongue, froth comes out from his mouth, and his face is congested. The pupils are dilated and breathing is labored and accelerated, often stertorous. There is involuntary voidance of urine. The temperature may be elevated. The tonic stage is soon succeeded by the clonic. In the words of Prof. Sir William R. Gowers,

The whole frame (referring to a convulsion) is fixed by "tonic" spasm in some strange posture, unlike that which is ever seen in normal states. The chest becomes rigid and the respiratory movements are arrested; the face becomes congested and livid. When life seems almost at an end, the muscular spasm presents remissions so as to become "clonic." The remissions are at first slight and frequent, but gradually become deeper and less frequent, so as to assume the character of jerks and the relaxation between them becomes greater until they amount to sudden shocklike contractions. These effect some removal of air in the lungs and relieve the state of asphyxia. Frothy saliva, often blood-stained, is extruded from the lips, and when the last jerk has occurred the sufferer is left prostrate and unconscious.

Following the convulsion, the patient passes into a stuporous state; during which period he is confused and in some instances he may become excited, violent, and even manifest assaultive tendencies or, again, he may pass into a deep sleep which may vary from a few minutes to several hours. As a rule he is confused as to what has transpired during the attack.

*Occurrence of convulsions.* Aside from epilepsy, convulsions may also appear in other nervous and mental diseases, the nature and character



of which is not always characteristic and significant. The Jacksonian type is usually indicative of a definite disease process in a certain part of the brain. However, the display of the convulsive seizure *per se* does not, as a rule, bear striking diagnostic features. It is the mode of onset, course, and termination of the attack that aid the physician in diagnosing the malady. Convulsions may occur in the following diseases and states:

*I. In genuine epilepsy.*

*II. In organic brain disease*, such as in general paralysis or, as it is frequently known, paresis, or softening of the brain; arteriosclerotic brain disease; tumor and abscess of the brain; cerebral syphilis; in various forms of meningitis; multiple sclerosis; hydrocephalus; fracture of the skull; idiosy.

*III. In toxic states*: chronic alcoholic intoxication; puerperal sepsis; uraemia; strychnine intoxication; lead poisoning; tetany and other toxic conditions.

*IV. In functional nervous and mental diseases*: dementia praecox and hysteria.

*V. In infants and children convulsions are of common occurrence*; this is due to the fact that their nervous system lacks stability. Particularly they occur during dentition, rickets and other nutritional and gastrointestinal disturbances.

*How to observe convulsions.* A nurse's note to the effect that a patient had a "convulsion" has no relative significance and offers no assistance to the physician. From the description above one can readily see that convulsive phenomena vary and present rather a complicated series of events, all of which should be carefully recorded in order to render such observation valuable. The following points should be noted:

a. The patient's general condition prior to the attack. Did he complain of any pain? Was he dizzy or did he see black spots before his eyes? What was his mood? What was his general demeanour? Did he complain of cardiac palpitation? In other words a complete observation of the patient's general attitude and reactions.

b. How did the convulsion develop? Was it sudden or gradual? Did the patient bite his tongue and did he froth from mouth?

c. Did the development of the convulsion have any relation to a mental shock? Was there a history of fright? injury? etc.?

d. Was the convulsion clonic or tonic or both? State time duration of each stage.

e. The position of the head, limbs, etc.

f. Was the convulsion general or limited to one part of the body? Describe it in detail.

g. Was the patient conscious or unconscious during the attack?

- k. Was the patient incontinent?
- l. If patient uttered spontaneous remarks, record them in the patient's own words.
- m. The condition of the pupils, dilated or contracted?
- n. Pulse, temperature, respiration, should be noted.
- o. Condition of the skin.
- p. Injuries.
- q. Weakness of limbs.
- r. How did the convulsion terminate? Did it pass into stupor, sleep, or excitement?

*The management of a convulsion.* Should the nurse detect the approach of a convulsion, she should take all the proper precautions to prevent the patient from falling. It is advisable to put the patient to bed, remove artificial teeth, loosen his clothing and keep constant watch of him. When the patient falls in a convulsion, let him lie, provided his position is comfortable. It is essentially important to loosen his clothing, particularly around the waist and neck, remove artificial teeth and place a pillow under his head. In order to prevent the biting of the tongue, a mouth gag in the form of a cork or folded towel should be placed between his teeth, but he must be carefully watched in fear that he might swallow it. Use every possible means of preventing self-injury, in such cases some restraint is advisable. No medication should be employed. Should the patient, following the convulsion, become violent and excited, medication or physical restraint are necessary in order to avoid bodily injuries as well as homicidal attacks.

## OUR WATER SUPPLY

By KATHARINE COOKE, Flattsburgh, N. Y.

Perhaps there are many who realize but little how much they depend upon the water supply of our country. This fact is not brought home to them until in some way they are deprived of it, and then, even if this happens for only a short time, they fully realize the inconvenience caused by its absence, as well as its absolute necessity to life.

It is our aim, of course, to have the water as pure as possible and to obtain it from such a source that it may be in the very best condition. There are six natural sources from which we may get our supply of water, and each is characteristic of itself, namely, river, lake, spring, well, sea, and rain water.

River water usually originates in pure springs, but owing to the cities built along its course, it soon becomes polluted. Lake water may be

fresh or salt, and often contains mineral substances. Spring water is soft and pure, coming from both fresh and mineral springs, the latter of which are very useful for medicinal purposes. Well water is closely allied to spring water, but is apt to be hard on account of the presence of salts in the rock formation. The purest well water comes from a *tesian* well, but cannot be used too freely in some localities, on account of the large amount of mineral matter which injures the kidneys. Sea water is mostly alkaline and contains a large quantity of gases from the atmosphere. Rain water would be the purest of all if it could be taken at the moment of condensation, but in passing through the air it collects impurities, and is always more pure at the end of a shower than at the beginning.

Bacteria are found in all natural waters, more or less, but it is the impurities that must be looked out for. By these we mean those substances that injure the health. These may be either organic or inorganic; gaseous or solid. The organic impurities are of two kinds; dead organic matter, and living organisms. The former has no effect upon the health, but the latter are important, being either of vegetable or animal origin, and very injurious. Of these the typhoid and cholera bacillus are most familiar.

The diseases which may be produced by these bacteria are Asiatic cholera, typhoid fever, diarrhoea and dysentery. The gaseous impurities in water are hydrogen sulphide and sulphur dioxide. The solid impurities are of three classes; the poisonous minerals, such as lead, zinc and arsenic; alkaline salts and iron; and salts which indicate the nature and extent to which the water is polluted. Hydrogen sulphide may produce diarrhoea; sulphur dioxide, diseased bones in cattle; dissolved vegetable matter, fevers; suspended mineral matter, dysentery; iron, dyspepsia and constipation. Goiter may be due to certain formations from metallic substances, as iron or copper. It has even been suggested that cancer is caused by polluted water, but the question has never been settled.

A grown person requires about three quarts of water every day, about one-third of which is contained in our solid food, and the rest in tea, coffee, drinking-water, etc. Much may be used for laundry, bathing, and domestic purposes. Aside from this, we must consider the washing of the streets and sidewalks, the sprinkling of lawns, and its use in hospitals. We find that even with care, there is a tremendous waste of water.

In olden times, people drank of the water in the community in which they lived, and never thought of such a thing as its being impure, but in these days of advanced science, we find the purification of our drinking water an absolute necessity. It has been said that some lakes and

streams have a wonderful power of self-purification and that, in time, polluted rivers would purify themselves, but this idea has been given up after comparatively recent investigations.

We are all more or less familiar with filtration, and this is one of the most successful methods for purifying water. Sand filtration was first carried on in London, in 1830, and is still used in many European cities, as well as in our own country. Mechanical filtration is also in use largely for cities, and smaller filters of this class are a necessity for hotels, hospitals, etc.

Water may be purified without filtration by boiling, distilling, and treating with chemical substances. Boiling the water removes the gases and makes it tasteless, but this may be helped to a certain extent by pouring the water from one dish to another repeatedly. By distillation the water is made pure, but the process removes all the oxygen and carbonic acid gas, and makes it tasteless, and to improve this there have been several apparatuses invented which aerate the water at the time of distillation. Water for drinking purposes may be softened by the addition of lime water. Sodium carbonate may be used to soften water for washing purposes, but this could not be used in drinking water on account of its unpleasant taste.

Many chemicals have been proposed to sterilize water, with equally as many objections to them. In actual practice only three have been found useful; chloride of lime, potassium bromide, and ozone. The last is the only chemical which will sterilize water in large quantities and requires an electrical apparatus. The odor, taste and color of the water are not affected by this process.

Twenty years ago our supply of information upon this subject was very small, and it is astonishing how much progress has already been made toward the purifying of our water supply and the consequent lessening of disease. We may fully expect further progress and improvement in the coming years of this twentieth century.

### COÖPERATION OF HOSPITAL DEPARTMENTS

By MARION CHARINA MASON, R.N.

*Graduate of the Jackson Sanatorium Training School for Nurses*

The day on which a nurse takes over the supervision of a hospital marks an epoch in her life. She cannot fail to remember, in looking back upon that eventful time, a sense of vastness in the undertaking and a feeling of gratitude, moreover, to that kind Providence which opened to her the opportunity for so great a service. As a pupil, her work has

beam with individuals; as charge nurse, with the group of units that make up her ward, operating room, or dispensary, as the case may be; but as supervisor of the entire hospital, she is dealing in larger figures, and her view of the situation must be proportionately wider. There are women who discover that such a position has been thrust upon them by circumstances; they have had no detailed instruction in institutional management, and are consequently obliged to begin by appropriating from those hospitals with which they have been connected such material as will fit the needs of the case in hand. A hospital not fully organized gives a broader field for activity than one in which the divisions are already complete. Since it is the former type which is likely to present itself first, the young woman upon whom its management devolves will find problems which must occupy her thoughts from morning till night; foremost among them is the subject of department relationship. A few suggestions as to remedies for certain troublesome conditions may be welcomed by the youthful supervisor. With her in mind, I am writing.

In order to get good work the supervisor must understand her head nurses. The fact that a nurse has been in charge for some time is in itself a recommendation which ought not to be overlooked. This is not saying that tenure of office spells ability, but, generally speaking, a great degree of confidence can be placed in the nurse who knows her ward. Head nurses, in common with other human beings, have personal peculiarities, these very traits are oftentimes the foundation upon which their successes have been built, so the wise supervisor will not attempt to reduce all charge nurses to a uniform level, but will give them sufficient freedom to permit the working out of improvements by each in her own particular domain. Whether questions concerning the connection of departments can be better settled by a common council or by individual interviews between the supervisor and the head nurse, will be largely determined by the number of departments; if these are few, matters can usually be adjusted satisfactorily without the general meeting.

Of fundamental importance is the duty of ward to operating room and operating room to ward. Promptness in the arrival of a patient in the operating room is taken for granted. The same may be said as to proper preparation. In a succession of operations, it frequently happens that the second, third, and fourth cases cannot be taken as early as the time for which they were scheduled. If these cases are brought according to schedule, patients are waiting in the anaesthetic room or corridor, and the nurses who came with them are detained. The nurse in charge of the operating room should, with the surgeon's permission, telephone the wards regarding the delay; by so doing she will save time for the floor nurse, and, for the patient, much anxiety. If special apparatus or treat-



ment is found to be necessary for an operative case, the order for it to be in readiness should be given from the operating room directly to the ward. Cooperation of the accident room is also most important. All orders for special treatment should be given before the patient leaves the accident room.

A matter which has been found productive of much irritation is the subject of emergency supplies. For the sake of economy it is a general practice to permit the daily giving out of enough supplies for twenty-four hours only, with a very small reserve. If several accident cases are admitted together, all requiring frequent changes of dressing, it is apparent that extra supplies are in immediate demand. It may occur that the supervisor is engaged and so cannot sign the necessary requisition; her assistant may be out for the afternoon. What is the ward to do? At such a time, the supply nurse (who is often the head of the operating room as well) should be instructed to sign the requisition, and on the following morning present it at the office of the supervisor, with a full explanation of the conditions.

There is hardly a problem which forces its way into prominence like that of the diet kitchen and the ward. As special dressings distress the supply nurse, so special diets vex the housekeeper, for in the small hospital the dietitian and housekeeper are one. The diet slips have come down as usual, and before 9.30 a.m., all orders for the day have been sent to butcher and grocer. At 10 o'clock, the first visiting physician makes rounds and orders oysters and a broiler for Mrs. C's luncheon. Luncheon is served at 12.30; the large market with which the hospital deals is two miles away, and has not another delivery until afternoon; no one from the hospital can be spared to go out and make the purchase. On the next street is a small butcher's shop, eager for trade, and this little place is the solution of the puzzle. Arrangements can be made here for the quick delivery of small orders; such things as are not in stock are bought from the city market, and the butcher thereby works up a new line of trade which proves of mutual advantage to himself and his patron.

The subject of extra, or periodic, cleaning is another matter which must be disposed of, if the work of the floors is to go on smoothly. This refers to such work as is not done daily by the ward maid; windows, high electric light fixtures, transoms, mouldings, and all other ledges which cannot be reached without a step ladder, likewise the use of the vacuum cleaner on rugs. If it is left to the head nurse of the ward to send a requisition to the housekeeper, whenever cleaning is needed, a great amount of time is wasted. A far better scheme is to have this work done regularly once in two weeks, or more frequently if the location is a particularly smoky one. A schedule is made out by which the scrub woman knows



just what work she must do each day. The housekeeper has a copy of the outline, and each ward nurse knows exactly when her cleaning is to be done. On the private floor, the halls, lavatories, kitchen, closets, and such rooms as are vacant can be cleaned. Unless a patient is in for an unusual number of weeks, it is better not to disturb him for the routine cleaning. However, there are patients who prefer to have the scrub woman come in for the sake of fresh surroundings afterwards; in such cases the work can proceed as in the open wards. All this constitutes an automatic system of cleaning, the results of which are gratifying indeed.

But after all has been said, there remains an amazing variety of situations. Difficulties which can be solved in one situation by certain means must be met, in another place, by methods totally different. Diverse as conditions may be, the result in view is always the same, efficiency. It is easy to forget that the hospital is not a big machine driven by its relentless dynamo. The hospital is a living thing, dominated by the soul of the man or the woman at its head. We may adjust external affairs of *ignitum*, and still find friction. We may bring our technique to perfection, only to discover that kindness is lacking. Organization is indispensable; skill cannot be underrated; but beneath and surrounding all must be complete understanding and widening sympathies. Only with these can a hospital hope to reach its highest usefulness.

### SOME OF THE REASONS WHY NURSES SHOULD JOIN THEIR STATE ASSOCIATION<sup>1</sup>

By JENNIE BELLE MESSER, R.N.

*Superintendent of the Beacon Hill Hospital, Manchester, N. H.*

When nurses are asked to join their state association, many times we receive this answer, "No, I do not care to belong to an organization from which I receive no benefits." This shows very clearly that the nurse who responds knows very little about her state association, and one turns away and begins to wonder whether it is the fault of the association or of the superintendents of the training schools or of the nurses themselves that they do not know more about their association and are not more interested in it. Possibly it may be the fault of all three. Before discussing the benefits of association membership to the individual nurse I should like to touch lightly on this question. In the first place, the association's fault may be that its members lack enthusiasm and interest and do not make its meetings valuable enough to make the nurse want

<sup>1</sup>Read before the Florence Nightingale Club, September 8, 1913.

to join them. Notice that I said *members* lack enthusiasm and interest, because I think we often get the idea that if we are only members, we have no special duty, that we have nothing to do, that it is the officers who make the association, but to my mind it is the enthusiastic members who make an organization successful. Officers must have a willing, interested and responsive membership in order to accomplish anything, a membership of nurses who will be willing to respond when asked to write papers, discuss subjects along nursing lines, willing to work.

In the second place it may be the fault of the superintendents of the training schools. They should feel it their duty to know whether their graduates are making a right beginning. The pupil nurse should be trained and educated during the two or three years she remains in the hospital as to why she needs association membership and why the association needs her. Needless to say, the superintendent should be an enthusiastic member herself, going regularly to the meetings, bringing back new ideas and enthusiasm to her nurses and making them see for what a wonderful profession they are preparing themselves.

In the third place, after all this training from an earnest superintendent, who has the interest of her pupils at heart, it is the fault of the nurse herself if she does not join her state association after graduation.

Then again, this answer is given when asking nurses to join their state association. "I am not joining because I do not believe in organization and coöperation." Did you ever stop to think that your own home is nothing more or less than an organization and coöperation on a very small scale? In the ideal home, the father, mother and children all have the same purposes and work for the best interests of that home. So it should be with our association work, we must have unity of purpose just as in the home life if we are to be successful, individually and as a profession.

Now the benefits of association membership are, first, "The Nurses Relief Fund." According to Miss Sly, "The Relief Fund, as its name implies, is for those who have become physically or financially disabled, through emergency or serious illness, and the sooner the fund accumulates the sooner shall we be able to give needed help to our disabled nurses." In an editorial comment of the *American Journal of Nursing* we read that

The suggestion has been made that associations should try to interest their members to contribute individually \$1.00 a year for three years. Estimating the membership of the American Nurses' Association to be 20,000, if all would adopt this plan, there would be, at the end of three years, a fund of \$60,000 with no hardship entailed upon any one, each member feeling that she had shared equally with the others in establishing the fund, and should she seek aid from it, she would

know that she had done her part toward forming its nucleus. Should such a sum be realized, \$20,000 could be permanently invested, the interest only being used and any balance beyond that could be immediately drawn upon for the objects for which the fund is created.

Similar contributions from succeeding generations of nurses individually, and annual donations of reasonable amounts from the treasuries of the affiliated societies, would create the surplus necessary for relief and would gradually increase the permanent investment. It would seem necessary that the fund should reach not less than \$10,000 before beginning to use the interest.

The report of the Nurses Relief Fund given at the American Nurses' Association meeting in Atlantic City last June, showed that the Fund had reached \$9,300, so that the amount needed to begin the work is nearly in sight.

Regardless of how strong and vigorous we may be today, some day from accident, disease or declining years we shall fall from the ranks. The very womanhood in us cries out against being supported by charity. Every right instinct prompts us to protect our state of dependence. This is a cause to which every member should feel it her privilege as well as her duty to give. If you have been unable to lay aside the sum for an unusual calamity, yet have given as you were able to the Relief Fund, you may seek aid from it in such a case without shame and in no wise feel as if it were charity, as you have helped in raising the fund. If you should be so fortunate as never to be obliged to seek aid from this fund, you may have done much good in helping a fellow nurse. Doubtless some of you are thinking that a nurse should lay aside enough to support her when her working days are over. It is true she should if she can, but there are some nurses who have been unfortunate. Misfortune has been their lot; for example, the young widow who, as it were, has had to start life for the second time. Finding herself obliged to work, she bravely takes up training for a means of livelihood. Possibly she has children to support, hence it is beyond her power to get anything ahead. Then, again, there is the nurse whom sickness has laid low. She has laid aside a little sum, but her long expensive illness takes her last dollar. Those of you who have never had such an illness cannot realize how a snug little sum of \$600 can fade away in six weeks' time, especially if you are sick among strangers. Some nurses have members of their own family dependant on them for support, so all the extra money that might be laid aside to help them when their working days are over must go to help those who are dependent on them.

Some of the other real benefits of association membership are, protection to the nurse, educational advantages, strength, enthusiasm and success.

By protection to the nurse is meant that every association is working

for higher standards and ideals. There was a time when "nearly every one felt that immorality and nursing went hand in hand, but the time is not far distant when the words trained nurse will place before your eyes the picture of purity" and that is what your state association is doing for you, protecting you by placing the whole profession on a higher plane.

The state association gives you educational advantages because, "it is through the nurses' organizations that you may keep in touch with advanced methods." There is benefit in competition. When you meet those who possibly may have had more advantages in the nursing world, it gives you an incentive to compete with them and thereby your brain is strengthened and you also become broader minded. The nurse who never mingles with her fellow nurses becomes narrow minded and not able to recognize worth. The state association strengthens you individually and as a profession because all the qualities that make for strength are associated in cooperation. There is weakness, selfishness, discontent and discouragement in individualism and singleness of purpose. The State Association arouses the spark of enthusiasm within you by allowing you to mingle with your fellow nurses, hence the value of mingling with nurses. Without enthusiasm no individual or association can accomplish much. If you have enthusiasm success is bound to follow as some one has said,

Enthusiasm is the greatest business asset in the world. Single handed the enthusiast convinces and dominates where the wealth accumulated by a small army of workers would scarcely raise a tremor of interest. Enthusiasm tramples over prejudice and opposition, spurs inaction, storms the citadel of its object, and like an avalanche overwhelms and engulfs all obstacles.

We can never get anything out of any organization unless we give our best to it. It is a good proof that we have not done much for our profession or association when we can say that we have never gotten any benefit from our state association. By being a member and working for the graduate Nurses' Association of New Hampshire, "it means that you are lending your strength and enthusiasm for the betterment of nursing affairs the world over," because if you are a member of the State Association then you become through your State Association a member of the American Association and then in turn a member of the National, as the State Association belongs to the American and the American to the National. By an organized nursing force it also means more efficient service to the sick, rich and poor alike, better training to our pupil nurses and it means that sometime not far hence the trained nurse will be placed in her rightful position and ranked among the first of those who are endeavoring to help and uplift humanity.

## NURSES' TUBERCULOSIS STUDY CIRCLE

By THEODORE B. SACHS, M.D.

*President, Chicago Municipal Tuberculosis Sanitarium*

It is well known that the gathering of facts and study of literature essential to the preparation of a paper on a certain subject is a very productive method of acquiring information. If the paper is to be presented to your own group of co-workers, and the subject covered by it represents an important phase of their work, or an analysis of some of its underlying principles, then there is a further incentive to do your best, as well as an opportunity for a general discussion which acts as a sieve for the elimination of false ideas and the gradual formulation of true conceptions. Lectures on various phases of the work being done by a particular group of people are very important. Papers by the workers themselves are, however, greatest incentives to study and self-advancement.

With this view in mind, I suggested the organization of a Tuberculosis Study Circle by the Dispensary nurses of the Municipal Tuberculosis Sanitarium. The nurses chosen to present papers on particular phases of tuberculosis are given access to the library of the general office of the Sanitarium; they are also given the assistance of the general office in procuring all the necessary information through correspondence with various organizations and institutions in Chicago and other cities.

As the program stands at present, the Nurses' Study Circle meets twice a month: at one of these meetings a lecture on some important phase of tuberculosis is given by an outside speaker, and at the next meeting a paper is presented by one of the nurses. At all of the meetings the presentation of the subject is followed by general discussion. The program since December is as follows:

**December 5, 1913.** "Classification of Cases of Tuberculosis" (According to the Schema of the National Association for the Study and Prevention of Tuberculosis), by Dr. Theodore B. Sachs.

**January 9, 1914.** "History of Tuberculosis," by Rosalind Mackay, Head Nurse, Stock Yards Dispensary of the Municipal Tuberculosis Sanitarium.

**January 23, 1914.** "Channels of Infection and the Pathology of Tuberculosis," by Professor Ludwig Hektoen of the University of Chicago.

**February 13, 1914.** "Nursing Arrangements for Tuberculosis Work in Other Cities," by Anna M. Drake, Head Nurse, Polyclinic Dispensary of the Municipal Tuberculosis Sanitarium.

**February 27, 1914.** "Practical Methods of Disinfection," by Dr. Herman Spalding, Head, Bureau of Contagious Diseases, Health Department, Chicago, Ill.



*March 13, 1914.* "Provisions for Outdoor Sleeping," by May MacConachie, Head Nurse, St. Elizabeth Dispensary of the Municipal Tuberculosis Sanitarium.

*March 27, 1914.* "What Should Constitute a Sufficient and Well Balanced Diet for Working People," by Mrs. Alice P. Norton, Dietitian of County Institutions.

*April 10, 1914.* "Nurse's Care of the Advanced Consumptive," by Elsa Lund, Head Nurse of the Iroquois Memorial Dispensary of the Municipal Tuberculosis Sanitarium.

The organization of the Tuberculosis Study Circle among the nurses of the Dispensary Department of the Municipal Tuberculosis Sanitarium, calling forth the best efforts of the nurses in getting information on various phases of tuberculosis for presentation to their co-workers in an interesting manner, is no doubt stimulating the progress of the entire nursing force, and it is the wish of the writer to call the attention of other nurses' organizations to this method of stimulating study among nurses.

## LETTERS FROM A PRIVATE DUTY NURSE

### V

#### THE NURSES' LODGE.

DEAR MARY:

I wonder how you are feeling these days. I am beginning to feel as if I were an old fogey and a back number; though I suspect the difference between myself and the younger nurses is not so much that between age and youth, as it is the difference in tone between the passing and the rising generation.

The youngsters are merry-hearted and they don't fuss over trifles and they do have the best times ever, only they make an unconscionable noise about it. In our day, deportment counted for a great deal; but it is difficult to imagine that these loud-voiced damsels ever heard of such a thing as deportment. I really don't know what American womanhood is coming to. Recently I was in a household where the daughter, a college senior used to lie in bed till the last minute and then hurry down to breakfast and complete her toilet by cleaning her nails and buttoning her boots at the table. When the lily behave as they do, I suppose we cannot expect too much of the profession; yet I must say that I was taken aback the other night, when I was on duty at the *Riverview*. I went from my patient's room to the desk in the corridor where the charts and report books are kept; and on the floor by the end of the desk, comfortably ensconced with pillows and blankets, I found the *night supervisor* asleep. Now in our time that could not have been done; or, if it had been,

the person who did it would have been dismissed instant. Of course, in one sense, it was all right. She was there if the nurses wished to refer to her; but how about dignity, and example to the pupils of vigilance in duty?

I used to take pride in the trim completeness of the uniform, but that also! among graduates, is a thing of the past. Of course I think the change from high collars to low, in summer, is wise and reasonable, and I don't mind short sleeves; but when it comes to sleeves three inches above the elbow, and décolleté blouses with Irish lace collars, I draw the line. I actually saw a graduate nurse on special duty, the other day, with no collar, and her shirtwaist turned in in a V at the neck; and, to crown all, she was an English nurse from the London Hospital. I just wished that Miss Richmond could have had her for a moment. Do you remember with what tremendous wrath she used to descend upon any nurse who wore her kerchief a little lower than she deemed proper?

There may be something engaging about the abandon of these days; but surely we have lost much in giving up courteous speech and a regard for personal dignity. While at the *Riverway*, my place at table was beside one of the senior nurses. I had known her plans of the day before, so I asked her at breakfast: "Did you get your late leave last night?" "Sure thing," she replied. "And did you do something interesting?" "You bet your life." Emphatic, surely; expressive, no doubt; and yet, after all, what a pity! what a very great pity! She had come to the training school fresh from high school, young and pliable. It was the privilege of her instructors to mould her womanhood; and I think that they owed it to her to make of her not only a responsible woman, but also a woman of gracious speech and courteous ways.

Life is very full of problems and perplexities, duties and drudgeries, yet they are all interesting because of their human relationships; and there are the joyful things, too, that count differently. Delia and I went to the Philharmonic last week; and we so seldom can, it was a great treat. We simply forgot everything in the glorious music; and, afterward, we walked home by the light of a radiant moon that made the commonplace streets like fairy land, or Paradise. There is really a very considerable nest in being poor. I am still making up the arrears of my last spring's illness; and I have to deny myself carfares, among other things. The shortest way home from church or shopping is across the Park, and there I find unsuspected lovelinesses that one would never see from a trolley car or a taxicab. The bare boughs of the trees against the sky remind me of Pennell's lovely etchings; and the grass, because of the abundant fall rains, irresistibly suggest England. The children, the squirrels and the pigeons give one thrills of youth; and the sunshine and

rippling water and the fragrance of the little fir trees that have been set as wind breaks round the garden seats, bring thoughts of the quiet country side and the still forests. Truly it is a lovely world, Mary, and they say the beauty of it is but the broidery of His garments.

Good bye, and don't forget to him the baby for me.

Your loving

MARGARET.

### INTERNATIONAL CONGRESS OF NURSES, SAN FRANCISCO, 1915

*(Note: The following interesting announcement has been issued by the Publicity Bureau of the Panama-Pacific Exposition, and is being sent to all nursing magazines. In reproducing it, we have taken the liberty of eliminating the figures of membership of the different organizations which we think are somewhat exaggerated in the original document.—Ed.)*

A congress of representative nurses of all nations of the world will meet in San Francisco upon the grounds of the Panama-Pacific International Exposition in June, 1915, and will spend one week in consideration of the problems of their profession, using the exhaustive exhibits touching upon their work to be found in the Departments of Education and Social Economy, and in the Palace of Liberal Arts, as working laboratories. As these exhibits will be the most inclusive and significant along their particular lines ever assembled, and as this will be the largest and most representative gathering of nurses of all the world, ever held, this congress will doubtless have greater results in the promotion of the alleviation of human suffering than any similar gathering in the history of civilization.

The congress will consist of the joint conventions of four great associations of nurses: The International Council of Nurses, in which fifteen nations are represented, including England, Ireland, Germany, France, Italy, Australia, China, Cuba and others; the American Nurses' Association; the National League of Nursing Education and the National Organization for Public Health Nursing. To these four organizations, the California State Nurses' Association will act as host. The Convention will open May 31, and close June 5, 1915.

Space has already been allotted in the Palace of Education and of Liberal Arts for exhibits by nurses and nursing associations, and these will consist of hospital appliances, conveniences and improvements; methods of keeping records for inspection by superintendents of hospitals and head nurses, and registration charts for the compliance with state laws for registering nurses; statistical surveys of public health

and hygienic; reports of recent legislation in promotion of public health, and the results of the same, and formal recommendations for further legislation; exhibits of literature written by nurses, such as histories of nursing, scientific treatises, and biographies of famous nurses.

Prizes have been offered for the best inventions by nurses exhibited at the exposition. The contest will be in connection with the Convention, and may be entered by any nurse of any of the fifteen nations represented in the International Council. Any invention of any hospital appliance, or mechanism for the simplification of procedure in nursing, or the heightening of the comfort of patients, may be entered, so long as the inventor is a nurse. Genevieve Cooke, president of the American Nurses' Association, has announced that Jane A. Delano, prominent in both the national and international organizations, has offered a first prize of \$100 and a second prize of \$50 for such inventions, and the amounts of these prizes will doubtless be greatly increased later from other sources.

But the interest of the delegates to the congress will by no means be confined to exhibits by nurses. In the Palace of Liberal Arts the exhibits by manufacturers and producers in medicine and surgery, and in chemical and pharmaceutical arts, will represent all the very latest improvements in apparatus, formula and procedure. In fact, many interesting inventions and discoveries will here be made public for the first time.

In the medical and surgery groups the exhibits will include: appliances, instruments and apparatus for work in anatomy, histology and bacteriology; anatomical models, normal and pathological, histological and bacteriological; apparatus for sterilizing instruments and wound-dressing; instruments and apparatus for general, special and local surgery; electricity as applied in therapeutics and surgery; X-ray apparatus; electric sterilizers, osmizers; apparatus for plastic and mechanical prosthesis and for special therapeutics; chests and cases of instruments and medicine for rendering first aid to wounded on field of battle; and ambulance service and equipment.

In the chemical and pharmaceutical arts in this palace will be shown many new appliances for sterilization and sanitation, including equipment and processes used in treating waste matter from factories with a view to permitting their return to water courses or the atmosphere; disinfectants and their standardization; drug preservation and sterilization; drug adulteration and methods of detecting the same.

Probably greater interest still, especially to nurses connected with public health service, tuberculosis prevention stations, social settlements, and the like, will center in the exhibits of the Departments of Education and Social Economy in the Palace of Education.

Here the exhibits, for the greater part, will be living exhibits showing actual methods of procedure wherever possible. Classes illustrating methods of educating the subnormal; including defectives and delinquents, the blind, the deaf and dumb, and the feeble-minded; and special schools for cripples and open air classes for tubercular children, in which actual children will be shown under the care and supervision of experts, will be conducted in specially equipped class rooms. There will also be special lectures and class work in physical training of children and adults, and methods of school ventilation and sanitation.

In the department of social economy the statistical exhibits bearing upon eugenics, demography, and the physiological and other effects of alcohol, drugs and tobacco, will show the latest results of the most recent researches along these lines, and particularly attractive to the student will be the exhibits in state and municipal hygiene, public health laboratory work, industrial hygiene and occupational diseases, of this department.

The Emergency Hospital situated upon the exposition grounds, under the direction of Dr. R. N. Woodward of the United States Marine Medical Service, will be conducted as a model hospital with demonstration wards in operation throughout the entire period that the exposition is to remain open.

However, the program of the Convention will not consist entirely of the study of professional problems. Two great pleasure outings by the convention in body are planned, the first to begin with a great educational meeting in the famous Greek Theatre upon the campus of the University of California, at Berkeley, at which the faculties of this University and that of Stanford University will be present, and at which several of the foremost women of the profession will deliver addresses.

All the undergraduate nurses in hospitals in the counties surrounding the Bay of San Francisco will be especially invited to attend this meeting. A feature of the program will be the presentation of contributions by the nurses toward the fund for the establishment in London of a Nightingale Educational Memorial, in honor of Florence Nightingale, similar to the one now existing in this country, at Columbia University.

After the adjournment of the outdoor meeting, a trip by chartered boats about the most beautiful points of the bay, will be made, terminating at nightfall opposite the exposition grounds, where, after witnessing the wonderful illumination effects from the water front, the nurses will disembark at the exposition ferry slip.

Another excursion through the famous giant redwoods of Muir



woods, and to the top of beautiful Mount Tamalpais, is planned for the last day of the convention.

The great main hall of the new Auditorium at the Civic Center of San Francisco, seating 10,000, will be placed at the disposal of the nurses for general meetings of the congress.

Another feature of the program will be the arrangement for separate meetings during the week of each of the various state organizations of nurses represented in the general assembly, that preparations for urging matters of local interest at the general congress may be made.

The "1915" Committee of Arrangements is to meet again in April of this year (1914) to complete further details of the program for announcement at the joint annual convention of the three American national organizations at St. Louis, April 23-29, inclusive.

Among the women who are interested in preparing the program for the great 1915 Convention, and who will attend, are: Mrs. Bedford Fenwick of London, founder and honorary president of the International Council of Nurses; Annie W. Goodrich, of New York, assistant professor in the Department of Nursing and Health, Teachers College, Columbia University, and president of the International Council of Nurses; Genevieve Cooke of San Francisco, president of the American Nurses' Association; Jane A. Delano, who has offered prizes for nurses' inventions; Clara D. Noyes, president of the National League of Nursing Education; Dr. Helen Parker Criswell, chairman of the Committee of Arrangements; Mary M. Riddle, editor of the Nurses' Department of *The Modern Hospital* and superintendent of Newton General Hospital, Massachusetts; Lavinia L. Dock, honorary secretary of the International Council of Nurses; Ella P. Crandall, executive secretary of the National Organization for Public Health Nursing; Sophia F. Palmer, editor of the *AMERICAN JOURNAL OF NURSING*; and M. Adelaide Nutting, professor of the Department of Nursing and Health, Teachers College, Columbia University, and chairman of the Nightingale Memorial Fund in America.



## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service*

### TOWN AND COUNTRY NURSING SERVICE

By FANNIE F. CLEMENT, R.N.

Abbie Roberts, a graduate of the Jewish Hospital of Cincinnati, has been appointed a supervisor of the Red Cross visiting nurses. Miss Roberts has had experience in both the infant-welfare and tuberculous departments of the Board of Health of that city. Following ten months as visiting nurse at Henry Street Settlement, New York, she returned to her native city and organized the Visiting Nursing Association of Cincinnati which, now four years old, has nineteen nurses on its staff. Miss Roberts assumes her new duties with the Red Cross, having just completed five months' study in the Department of Nursing and Health at Teachers College. On duty in Hamilton at the time of the Ohio flood disaster, she rendered valuable services as a Red Cross nurse.

Through affiliation with the Town and Country Nursing Service, local nursing associations in small communities accept a general supervision of their local work by the Red Cross, which, however, in no way interferes with their autonomy or relieves them of any local responsibility. By making regular visits to the various affiliated organizations we shall be in a position to advise and help both nurses and their associations in developing their work along approved lines. With the growth of the Town and Country Nursing Service, there will be a corresponding need of other supervisors who, it is hoped, through regular and frequent visits may be of real assistance to the nurses in the field.

Five nurses have entered the course which began in February, given in connection with the Department of Nursing and Health of Teachers College, in preparation for Red Cross visiting nursing. This course includes lectures on rural social problems which should reveal to the student nurse the broad scope of the activities of rural nursing and the relation these bear to the whole social program for the improvement of living conditions in the small community.

It is expected that an exhibit of the Town and Country Nursing Service will be sent to the convention at St. Louis the last week in April, where those who are interested in getting an idea of the work of a rural nurse may have an opportunity to read, by means of charts and photographs, the story of Miss Friend, the Red Cross visiting nurse of Littleton, on her round of daily visits.

Reports from the visiting nurses who acted as agents in their communities for the sale of Red Cross Christmas seals, show that this measure for spreading knowledge of hygiene and for raising funds for the work of their nursing associations is one worthy of the consideration of other associations in small communities which are responsible for the care of tuberculous patients. The seal was used as the subject of essays by school children, who in many places became enthusiastic agents for the sale of the seals. Ready assistance came also from the Boy Scouts and other organizations of young persons.

The following story of a baby contest comes from one of the visiting nurses in South Carolina:

At the County Fair held last November, I was asked to give a practical demonstration of child-welfare work in connection with the Board of Health exhibit. Municipal and medical cooperation were obtained. The idea naturally appealed to mothers. Plans were discussed, literature, charts and statistics secured, and the local papers kept the subject before the public by running a column about the Better-Babies Contest in their daily issues for a couple of weeks before the opening of the fair.

Soon the whole county was astir with excited mothers who had read that one, out of five babies born, died before it was one year old, and that more than half the deaths among children were due to preventable causes, often due to ignorance and lack of training.

The newspaper reporters explained through their columns that the baby show was not a beauty show but a health contest, that beauty played no part in it except as it made for health, all healthy babies being beautiful. In that way we hoped to attract the great rank and file of babies, undressed babies instead of the exceptional child with the wonderful frilly, lacy, be-ribboned and hand-embroidered dresses so much in evidence at the annual baby beauty-show given here by one of the churches.

The conference was not a clinic—no treatment, no prescription was given. The children were weighed and measured. The circumference of the head, chest and abdomen were taken, the condition of the skin and firmness of the muscles noted, with due attention given to the teeth, adenoids, tonsils, eyes and ears, by five prominent physicians and one dentist of the city.

At the close of the contest eight medals were awarded—four first prize gold medals and four second prize silver medals. A gold medal each to the most physically perfect boy and girl in the one to two years class; a silver medal or second prize each to the boy and girl standing second in perfection in the same class. A gold medal each to the boy and girl making the highest score in the two to three years class, and silver medals to the second highest boy and girl in the same class.

At the close of the contest each mother was given a score card or record indicating, in simple order, the defects or tendencies needing attention. On the opposite page of the card was printed what is even more valuable, suggestions as to the nutrition and general hygiene of the child. Other valuable literature on the care of the baby was also presented to the mother.

It has been a revelation to see the interest manifested in the contest. Parents from every walk in life brought their children for examination—the college professor, club members, the socially prominent, city men and women, farmers and their wives and parents living in the cotton-mill villages.

The visiting nurse planned a little follow-up work by selecting the six babies making the lowest scores and offering prizes for the two babies showing the greatest improvement during the six months following the awarding of medals. She visits these little unfortunate ones, advising their mothers regarding the welfare of their babies, instructing them in personal hygiene and home sanitation, with special emphasis upon diet, wholesome cooking, and pollution, the menace of the fly and mosquito, and the importance of screening their houses."

#### ARKANSAS

THE ARKANSAS BOARD OF NURSE EXAMINERS will hold a meeting May 11, 12, 13, for the purpose of holding examinations. All applications for registration must be on file with the secretary at least ten days prior to that date.

(Mrs.) H. E. WALLER, R.N., Secretary-treasurer,  
611 W. 6th Street, Little Rock, Ark.

#### NORTH DAKOTA

The annual meeting of the State Association will be held in Bismarck, April 21 and 22. The nurses are interested throughout the state and the program presents many good features, chief of which is the presentation of the proposed bill for registration of nurses, by the legislative committee. A circular letter has been sent to each member, and a large attendance is expected. A detailed report of the meeting will appear in the June JOURNAL.

## NURSING IN MISSION STATIONS

### A HOSPITAL IN TURKEY

From a report of the Azariah Smith Memorial Hospital, Aintab, we learn that the staff consists of two foreign physicians, three native physicians, a native dispenser, and two foreign nurses, Alice C. Bower, who has been there for some time, and Ruth Tavendar, who has recently been sent from this country. The year 1912-13 was a hard one because of the disturbed political and economic conditions resulting from the war, because of the absence of one of the native physicians for several months on military service, and because of the illness of many of the workers. There were epidemics of typhoid, pneumonia and cerebro-spinal meningitis. Four hundred and sixty-two surgical operations were performed during the year. Funds have been received for the erection of a new maternity ward and operating room. Money for the endowment of free beds is greatly needed, as the poverty of the land is great and it has almost no medical charities. At present the fees received from patients cover three-fourths of the expense of the hospital.

Miss Bower writes:

As new workers had to be trained, it was thought wise to begin a training school for nurses, the course of instruction to extend over three years and to include class and bedside instruction in all branches of nursing and hospital work. Two candidates from Aintab were entered upon a six months' period of probation. [One was admitted as a pupil. Two others were given trial but were found unfit. The text-books used are Mrs. Robb's *Nursing and Nursing Ethics*.] In addition there have been given demonstrations of treatments, baths, preparations for dressings, etc., the pupils being required to write out what they saw, step by step. This has been found a helpful method, not only teaching the subject thoroughly, but also training the pupils in observation.

For the older girls there were a number of lessons, taking up anaesthetics and their administration, preparation and after-treatment of abdominal operative cases, operating room technique, and some of the surgical diseases. Dr. Hamilton also gave valuable lessons on obstetrics to some of the older girls. Miss Haignsworth Dagblin has come twice every week throughout the whole year to give lessons in reading, writing and arithmetic to several of the workers who were deficient in these subjects. She was very faithful, and gave her services without compensation, and we thank her very heartily.

The probationers have been housed in a rented building across the street from the dispensary. The furnishings of the Nurses' Home are of the simplest, the girls having their own beds, and spread them on the floor, native fashion. We would be very glad if some friends would supply us with furnishings, especially for the kitchen and dining-room, as in another year we shall have to set up an independent kitchen.

## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

**"Comparative Results of Institutional and Non-Institutional Treatment of Tuberculosis."—Hoffman.**

Tuberculosis nurses frequently have to overcome the objections of patients who prefer home to sanatorium treatment. Occasionally the advice of people who should know better is to the effect that sanatorium treatment can be obtained in the home less expensively; that, after all, it is only a question of food, rest, fresh air, and graduated exercise. This is like saying that the only difference between hospital and correspondence-school nursing is that in the first place you are trained in nursing, by the latter method you believe you are being trained.

The exceptional sufferer from tuberculosis, who has good pulse, strong will and comfortable surroundings, may make a good recovery under treatment in his own home. The average tuberculous patient, however, has neither the mental, social nor domestic equipment that home treatment requires. He will worry, or his family and friends will worry for him, and the slightest physical improvement is often sufficient to prove to him that he no longer needs to follow his physician's directions absolutely, but may use his own superior judgment. In a sanatorium, surrounded by other patients, all carefully watched and living according to rule, he is not thus tempted and is morally as well as physically bolstered over fits of exaltation and depression. Illuminating figures, showing conclusive reasons why patients should leave home for treatment for tuberculosis have been compiled in Germany and published by the United States Bureau of Labor, in a study entitled "Care of Tuberculous Wage Earners in Germany," by Frederick Hoffman. In Leipzig, in 1893, it was ascertained that of 123 male tuberculous patients, under observation for three years, 74 per cent had died; after five years, 93 per cent. No sanatorium treatment had been given. Even allowing for the possibly advanced conditions of these patients, these figures indicate a need for other than home treatment.

In 1907, a special investigation was made of 302 patients under observation of the Invalidity Insurance Institution of the Hanse Towers



for the preceding six years. These patients had been watched, advised and reexamined during this period, but had not been considered candidates for sanatorium treatment. It was found that only 18.5 per cent were at work; 30.3 per cent had died; and 41.8 per cent were still drawing disability annuities. Of 715 tuberculous, ex-sanatorium members of the same insurance institution, investigated after six years, 65.3 per cent were able to work, 18 per cent had died and only 11 per cent were drawing disability annuities. Hoffman quotes Burkhardt as saying "It is self-evident that the results of sanatorium treatment are decidedly more satisfactory than those secured by other methods of treatment for tuberculosis of the lungs, but particularly in two directions, i.e., the death rate is less and the duration of continued earning capacity is much longer."

Armed with these facts, tuberculosis nurses should more than ever work for sanatorium care for their patients.

#### ITEMS

**ILLINOIS.** The exhibit of the Chicago Tuberculosis Institute has been shown this past year in nearly every neighborhood park in the city. The exhibit consists of screens illustrating good and bad housing, infected family groups, work in outdoor schools and sanatoria, various types of outdoor sleeping arrangements and statistical charts and spot maps. In addition, an adult "Klondike Bed" and a child's sleeping outfit are demonstrated to any interested visitor. The whole outfit occupies wall and floor space of two large rooms, and twice daily, during its stay at each park, programs with music, speakers and "movies" are planned. The whole neighborhood contributes talent; public school children sing, drill or recite, the park clubs give small plays and the adults take part in the various programs of "Bohemian Day" "Ruthenian Day," Polish, Lithuanian or "German Day," etc. During the recent visit of the exhibit to Davis Square, "behind the yards," as the district is known in Chicago, thirty programs were planned and given in two weeks. Six public health nurses served as chairmen or spoke at some of these conferences and more than thirty were present at a late afternoon "Social Workers Symposium" on "Various Aspects of the Tuberculosis Problem in the Stock Yards District." Dr. Theodore B. Sachs was chairman, and, led by Miss Mary MacDowell, of the University of Chicago Settlement, who spoke on "The Human Side of the Problem," the following subjects were discussed by nurses, physicians and relief workers. "The Problem as Viewed by the Tuberculosis Nurse," "Medical Aspects of the Problem," "The Problem as Faced by the Relief Agency," "The Problem in its Relation to Industry,"



"Some Cost Figures as Applied to Tuberculosis," "New York's Experiment in Treating Tuberculosis at Home," "Summary and Suggested Program for the Stock Yards District." More than 75 workers from a dozen or more agencies were present, and a helpful, stimulating meeting sent everyone away with a fresh insight into the many-sidedness of this most perplexing, inclusive social problem. Such gatherings of neighborhood workers are as valuable as rural institutes, for more friendly, intelligent cooperation invariably follows a frank and public discussion of the special problems of each worker. In the daily routine of dispensary, home-visiting, or relief work, the pressing economic need of each individual or family group may cause workers to forget the strides that have been taken in this field in the past ten years. It is good to hear the pessimism of some workers answered by the unfailing scientific optimism of Dr. Sachs, whose splendid work among the tuberculous of Chicago for the past twenty years has been, and is still, progressively toward a positive goal. Tuberculosis is a problem of yesterday, today and tomorrow; it is social and economic, domestic and foreign, civic and individual. Above all it is a problem of more education for everyone, field workers as well as patients. Knowledge and more knowledge, patience, faith, justice for the uninfected, tempered with mercy for the unfortunate patient, are the tools of the field worker. No one more than the tuberculosis nurse needs to keep pace with the research work in this field.

Rosalind Mackay, R.N., for several years head nurse of the Stock Yards District Dispensary of the Municipal Tuberculosis Sanatorium, is at present acting-superintendent of the Municipal Tuberculosis Nurses.

At a recent luncheon called in Chicago by the Tuberculosis Institute, the "Physical Examination of Employees" was discussed. About fifty physicians, employers, social workers and nurses were present. Samuel Gompers, speaking as President of the American Federation of Labor, approved of much of the present medical welfare work being done in Chicago, but said that workmen would resent physical examination if it led to nothing but dismissal. This may have been an earlier view of the value of this work. Now, however, representative firms are giving home and sanatorium treatment to their sick and disabled employees, and are keeping them on the pay-roll in the meantime. One employer emphasized the fact that the expense of the medical staff (including a visiting nurse) and dispensary was "of great commercial advantage to the firm in the improved physical condition of the employees." The general manager of a large house employing from 3750 to 5500 men and women, said that the time-keeping department

reported that the initial physical examination of all employees resulted in a decidedly improved personnel, and that the \$15,000 which the firm spent annually on its medical department was well invested money. This firm maintains a shack for its tuberculous patients at a local private sanatorium, and its employees are insured in a mutual benefit association. The examining physician of one very large corporation reported a reduction of 38 per cent in the tuberculosis found in 1913 as compared with that discovered in 1912, as a result of the painstaking campaign of education, examination and treatment of all employees found infected. The firm was averaging \$1.50 per capita for special tuberculosis work alone. This same corporation reported that the rate of change in the personnel of the employees of certain departments was 60 per cent as against 300 per cent three years ago. This was believed to be due to the physical examination of all new employees, the result being a more stable and efficient, because physically able, staff. Another employer reported that his house was spending \$48,000 annually for the physical welfare of its 12,000 workers, and was planning shortly to increase its staff of physicians and visiting nurses. All of the speakers seemed to feel that any money used in this way was wisely spent and several emphasized the value of home follow-up work by both physicians and nurses.

In this connection, the first annual report of Agnes McCleery, special visitor for Ed. V. Price and Company, a large custom tailoring establishment, is of special interest. 1389 office consultations were held with 983 individuals, representing 24 nationalities. 607 dressings were done and 280 homes visited. 201 employees were referred to physicians and 84 to hospitals and other agencies.

Wisconsin. Another city that is interested in industrial visiting nursing is Milwaukee. The Visiting Nurse Association has three industrial visiting nurses, seven general district nurses and five school nurses. The school nurses devote all their time to work for children at school or in their homes, working closely with the Chief Medical Inspector, with whom a weekly conference is held every Saturday. The industrial nurses made 8674 visits to 1482 patients during the year and did 2026 dressings at the plants. Industrial and insurance nursing are full of great possibilities. A visiting nurse recently said that life insurance used to mean to her simply death benefit, now it meant health insurance and suggested longer, happier lives.

As workmen's compensation laws become more universal, industrial visiting nursing will undoubtedly prove another way of "giving skilled nursing service to the great middle class." In this connection, the following quotation from one of the firms is of timely interest.

"In addition to the assistance given our employees, the work of the nurse has been of decided benefit to the company in carrying its own risk under the Wisconsin Workmen's Compensation Act. We know of no method so efficient for keeping in close touch with our accident cases." Mrs. Kate Kohnst is the superintendent of nurses. A February campaign for funds has just brought the Association more than \$8000.

**MISSOURI.** In the third annual report of the St. Louis Visiting Nurse Association, the president mentions an "Ordinance for Placing Charity Nursing under the Hospital Board of the City," prepared jointly by six organizations employing nurses. The Municipal Assembly did not take action on this ordinance, but it is significant of a growing desire to see state control of all care of the sick poor. Just why only the sick poor should be considered is puzzling some people, who feel that poverty is a more or less relative term, and that more than the destitute poor should be entitled to this state service. In the superintendent's (Margaret McChere) report, a plea is made for all-the-year-round baby welfare work. This organization was one of the earliest to place special emphasis on pre-natal and baby welfare nursing. Four of the visiting nurses took the course of twenty lectures given by the School of Social Economy on "Social Service from the Viewpoint of the Professional Nurse." Ella Phillips Crandall was in St. Louis January 27-28-29. The Board of Directors of the Visiting Nurse Association and the Social Service Department of the St. Louis Children's Hospital and Washington University entertained her. At 8 p.m., January 27, she spoke to over 200 nurses under the auspices of the Graduate Nurses' Association. At 11 a.m., January 28, she met with the Arrangements Committee of the National Organization for Public Health Nursing, and at 3.30 the same day, talked to all nurses employed in public health nursing. On January 29, at 11 a.m., she met the Visiting Nurse Association Board at the home of their new president, Mrs. J. B. Shapleigh, and at 4 p.m. talked before the members of both organizations at the home of Mrs. D. Catlin. Miss Crandall's visit was an inspiration to nurses and directors alike.

**INDIANA.** The Public Health Nursing Association of Indianapolis also entertained Miss Crandall in January. She addressed several large meetings of nurses, club women and interested citizens, and was guest of honor at a Chamber of Commerce luncheon. An editorial in the Indianapolis Star gave a very good idea of the possibilities of the public health nurse of the future. Indianapolis has now medical school inspection and three public health nurses, and the local association, Mrs. Peter Bryce, president, is to be congratulated on its good work.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL

**EGGS IN DIET.**—*The Journal of the American Medical Association* states that the yolk of the hen's egg represents 49.5 per cent water, 18.7 per cent protein and 33.3 per cent fat. Being rich in fat and protein, it has heat producing value as well as nitrogenous value. Lecithin, a compound of phosphorus found in the body and which is an important element, especially to the nervous tissue, is contained in the yolk of the egg. To obtain its full value, it is best to give the yolks raw, two a day being sufficient. They are indicated in any condition of debility, anemia or nervous disturbance. It also says that the value of raw egg white, or egg-albumen, as a nutrient, has been over-estimated and to depend on it as a food in serious conditions, is a mistake. It may cause diarrhea as well as fail to give nutrition.

**STRENGTHENING SILK WITH IODINE.**—An Italian medical journal recommends winding a single length of silk, in a single layer, on a glass slide. This slide is immersed in tincture of iodine for from five to ten minutes for number 1 to 4 silk. The method had been used for three years with perfectly satisfactory results.

**FUNCTIONS OF THE SPLEEN.**—In commenting on an article in a German medical journal, *The Journal of the American Medical Association* says, "There seems much to sustain the assumption that some substance is produced in the spleen which causes or promotes peristalsis, in addition to its function as the seat of destruction of blood corpuscles."

**PROTECTION OF HANDS AGAINST BACTERIAL CONTAMINATION.**—A writer in a German medical journal recommends scrubbing the hands thoroughly and then rubbing them with a piece of borated vaseline about the size of a hazel nut. The hands should be completely anointed without being rendered slippery. He considers this method preferable to using rubber gloves, which are easily torn or cut.

**WHO DISCOVERED MORPHINE?**—*The Journal of the American Medical Association* says: "This discovery was due to Courtois. On December 4, 1804, Séguin, in whose laboratory Courtois was studying opium, placed before the Académie des Sciences a memoir in which his collaborator showed that from this opium, he had isolated a crystallized

body with alkaline reactions, capable of forming salts by combining with acids. Courtois' modesty led him to make reservations in regard to his discovery. In 1817, Sertürner, more bold, claimed the glory Courtois should have had."

**LIQUID FOR DYSPEPTICS.**—In a paper in *La Presse Medicale*, it is suggested that dyspeptics should be limited in the amount of liquid they are permitted to take. A teaspoonful may be taken half an hour before meals and not more than two-thirds of a cup with the meal. No liquid should be taken for five hours after a meal. Water and weak tea are permitted. When the stomach is empty, water imbibed passes rapidly on into the intestine. If there is food in the stomach it may be retained there for several hours, causing much discomfort.

**TYPHOID CARRIERS.**—*The Interstate Medical Journal* says: "A typhoid carrier is one who, while he is apparently well or convalescing from typhoid fever, excretes typhoid bacilli in the urine, or feces, or both, for a greater or less length of time. A fact of interest is that one may pass bacilli in the stools, who has never been ill with the disease—the so-called acute carrier. Most of these, at some time, have been in association with persons actually sick but themselves experiencing no illness."

**WOMEN QUALIFY AS INTERNS.**—*The Medical Record* says that, for the first time in the history of Bellevue Hospital, two women physicians, Dr. Helen Ballinor and Dr. Ana Tjohalanda, have successfully passed the examinations for admission to the interne staff. They held tenth and twelfth places in a list of fifty-five. The question of their appointment was in the hands of the trustees.

**PASTEURIZING MILK.**—In this connection an interesting letter has appeared in the *British Medical Journal*. Dr. Clive Rivière contended that though tuberculosis was prevalent in cows and might be transmitted to young children in raw milk, this was not an unmined evil. Nearly every one is infected with tuberculosis before the age of fifteen. The bovine, or animal, strain of this bacillus is less virulent than the human strain. It leads to a mild and recoverable lesion with protection against further infection. Hence it is valuable as a protection against human tubercle. He urges in favor of the use of well-mined raw milk. As the resistance to tubercle is low during the first few months of life, it would be best to sterilize the milk at first.

**SIGNIFICANCE OF PAIN IN RIGHT SIDE.**—Dr. Randolph Wilson states in *The Medical Record*, that, unless the symptoms of appendicitis in young women, are unmistakable, the pain is probably due to some other cause. Pain and tenderness in the right side without rigidity, rise of temperature or leucocytosis, is usually not appendicitis. It might



be neurotic, even if severe and long continued, or reflected from the pelvic organs or some of the other viscera.

**VASELINE INSTEAD OF BECK'S PASTE.**—*The New Orleans Medical and Surgical Journal* advocates sterilized vaseline, warmed, and injected by means of an ordinary glass syringe into suppurating wounds. The pus is pressed out and the wound needs no dressing for two or three days, at the end of which time very little odor and pus remain. Vaseline is cheap, easily handled and sterilized, and free from danger of poisoning.

**MENSTRUATION AND GESTATION.**—A writer in a German medical journal says menstruation is merely the relief of the hyperemic uterus and has nothing to do with conception. The most favorable time for conception is the tenth day before the onset of the menses. The standard duration of pregnancy should, therefore, he thinks, be reduced by nineteen days.

**HEAT AND INFANT MORTALITY.**—A writer in the *Archives of Pediatrics* believes that the action of heat is a direct cause in the summer mortality of infants. It is not so much the condition of the external air as of indoor temperature which is fatal. This may continue high in the late summer, when the outdoor atmosphere is cooler. Mothers should be instructed in measures to prevent babies from suffering from the heat.

**INFANT FEEDING.**—In a paper in *The New York Journal of Medicine*, G. R. Plsek says that scientific infant feeding consists in doing what is right, at the time, for the particular infant. At one time it may be highly scientific to Pasteurize foods, at another time just as scientific to add certain types of bacteria to the food. All depends upon the child.



## LETTERS TO THE EDITOR

(The editor is not responsible for opinions expressed in this department. All communications should be accompanied by the name and address of the writer, though these need not be published.)

### A SUGGESTION

DEAR EDITOR: Perhaps this is not new to some, but I found in using a bed pan under a heavy and helpless patient that it helped greatly, not only in placing, but in taking it away, to powder the leaf freely with talcum powder.

*New Jersey.*

F. A. M.

### A QUESTION OF ETHICS

DEAR EDITOR: What is a nurse to do if she must choose between her loyalty to the physician in charge of a case or her conscientious duty toward her patient and the family as, for instance, in taking all necessary precautions in a case of typhoid fever, when the physician has not diagnosed it as such? It seem to me that a nurse is taking a great deal upon her shoulders to stand up and say she must leave the case, as she cannot carry out the doctor's orders.

*Illinois.*

M. B.

### A HOME-MADE REMEDY

DEAR EDITOR: So often have I been helped by suggestions from other nurses through the JOURNAL, that I want to offer my little aid which may be helpful to others.

When the bowels are distended with flatus, or are paralyzed after an operation or other serious illness, try the old-fashioned remedy of milk and molasses, proportions, half and half, or one cup of each. Warm the milk, do not boil, then pour the molasses into it and stir until they are well mixed. Inject into the bowel with a high rectal tube.

I tried this when everything else had failed to dislodge the flatus and it acted like a charm. This can be repeated often, as it is soothing to the intestines, and the patient may derive some nourishment from it.

*Minnesota.*

R. DE H.

(This was a well-known remedy fifty years ago. It is, of course, understood that such treatment would not be given, if a physician is in charge of a case, without his approval.—Ed.)

### PROTECTION TO THE NURSE IN OUT-DOOR CASES

DEAR EDITOR: I am writing this in reply to the letter in the February JOURNAL, signed "Registrar," hoping she may obtain some helpful hints as to the health of the nurse in out-door work.

Last winter I was called on a case of primary anemia, and was delighted to learn that my patient was in the sun room, with windows open continually. At the end of six weeks I was no longer needed and, not having lost much sleep, I

took another case immediately. I did not realize until then how my vitality had been lowered by being chilled through so often. I was obliged to give up the case, as I was completely exhausted after several sleepless nights.

This winter I was called back on the same anemia case. At the end of three weeks, I had a severe chill which ushered in a slight attack of influenza, but I kept on with my work. After that unpleasant week, I decided to think a little more about my own health. I dressed more warmly and wore a sweater continually which, sitting closely around the arms and wrists, did not hinder me in my work. When sitting down, I used a small footstool and a lap robe, to protect my feet from the floor draughts. The hardest time, however, was at night. How unpleasant it was, after caring for my patient, to go back to a bed which had become as chilled as I had! I finally resorted to the use of hot-water bottles in my bed, which proved to be a great comfort as well as a saver of bodily heat.

In conclusion, I would say that since the open-air treatment is becoming more and more popular, we as nurses ought to be better prepared for such cases by learning how to perform our duties under such conditions without danger to our own health.

Nebraska.

E. M. P.

#### HOW CAN BREAST MILK BE INCREASED?

DEAR EDITOR: In looking over the *JOURNAL* for February, I came across M. S. W.'s inquiry. In Dr. Cook's *Nurse's Handbook of Obstetrics*, he recommends that the patient eat shell fish. I had a patient try it, and found it to work like a charm. One patient, the wife of a minister, was told by the doctor that she would have to put the baby on the bottle. After the doctor had ceased attending her, I told her of this. She ate oysters every day, and soon had more milk than she could manage. She took two long railway journeys with the baby, and is still nursing him.

Another case was that of the mother of a premature baby, given up to die. The first baby had been lost at the age of three weeks. The mother said she had no milk. At first I milked the breast and fed the baby with a dropper, but sometimes could not get any. When the mother was up and the doctor had given up the case, I induced her to eat oysters. She did not like them, and could not bear even to prepare them, but ate them after they had been cut up in small pieces for her, three times a day. After a month I told her to try giving them up, because of her dislike, but her milk supply began to lessen, and she had to return to the oysters again.

I quote these two as good examples that came under my own notice. It is so simple a remedy that mothers will not always try it, but I have never known it to fail when it was tried.

New Jersey.

A. G. R.

#### WHY ARE HOSPITAL POSITIONS NOT DESIRED?

DEAR EDITOR: In doing hospital work as a graduate nurse, I find that graduate nurses are treated with scant consideration by the superintendent, if she happens to be a nurse also. When two hours off duty a day are agreed upon, with one-half day a week, and also on Sunday, any pressure of work is sufficient to make a nurse lose her time on Sunday, and sometimes during the week also. Then, in several instances, one is asked to special a case, the salary paid being

the same as that agreed upon, while the hospital receives \$35 a week for the nurse's services from the patient, with \$7 a week for board, and the nurse is on duty twelve or fourteen hours. Most nurses prefer work outside where they receive the money paid for the work done.

I have found the food in hospitals very poor and poorly served. If a nurse cannot eat what is offered her she seldom has the privilege of a second choice.

I have also met one superintendent who neglected to introduce me to the doctor visiting the patient, though she knew I was a registered nurse in good standing. Nothing, to my mind, makes one feel worse than to have a patient and possibly a friend of the patient's introduced to the doctor, while the graduate nurse on general duty is ignored. In private duty, with all its cares, discomforts and make-shifts, one usually finds a courteous doctor and courteous people. If not, one can lay it to ignorance, and that could not apply to a hospital superintendent.

These are a few of the conditions I have met in post-graduate work and general duty. I have decided to go no more, except in an executive capacity.

Virginia.

R.N., AN OLD SUBSCRIBER.

#### A CONVENTION SUGGESTION

DEAR EDITOR: As the west is honored in the national president, "Sunny Spokane" would like to offer a suggestion, and ask why we could not have a registrars' meeting at the convention this year at St. Louis, where directory problems may be discussed and unlimited possibilities developed?

How may the directory be made more efficient in supplying public needs and protecting the public from unscrupulous nurses. As an example, a lady called upon a registrar stating that a member of the directory had been in her home upon a case. Upon inquiring who she was, the registrar stated that she was not a graduate, therefore not a member of the directory. Investigation brought out the fact that she did not make the statement that she was a member, but when returning to the home she would often state that she had seen the registrar, thereby giving the impression that she was a member. The registrar had often wondered why she received so many calls from that nurse when she had no business dealings with her. This same registrar has been offered "bush money" by nurses that the physician might not be told that they did not hold diplomas.

What are the best methods to use to impress the medical profession with the value of the directory in exposing such nurses as the one mentioned above? also to impress them with the fact that it is a convenience as well as a time-saver? We all know that impressions received through the eye are retained longest in the memory. If each state association would assume the expense of arranging an exhibit at the fair in San Francisco, 1915, with a directory in operation on the Fair Grounds, the public could be educated at a minimum expense, and at the same time nurses all over the world would receive benefit from the knowledge gained by the public in the difference between a "trained nurse" and a "graduate," as experience has taught that the majority of practical nurses after caring for a few cases call themselves "trained nurses." A national organization of the directories would protect the nurses, when going into a new city, from homes run for immoral purposes under the name "Nurses' Home." It would also protect them from those directories that are run for financial gain only, and do not uphold the standard.

Washington.

N. B. C., REGISTRAR.

## NURSING NEWS AND ANNOUNCEMENTS

### NATIONAL

#### THE AMERICAN NURSES' ASSOCIATION

The seventeenth annual meeting of the American Nurses' Association will be held in St. Louis, April 22-29 inclusive. Credential cards will be sent only to organizations and permanent members who have paid their dues for the fiscal year, May 1, 1914, to April 30, 1915. Each alumnae association belonging to the American Nurses' Association is entitled to one delegate for fifty members or less and for each additional fifty members one additional delegate. Each state association affiliated is entitled to one delegate in addition to its president. Each county, city or organization of a national character is entitled to one delegate.

MATHILD H. KRUEGER, Secretary.

Provisional Program for the Seventeenth Annual Convention, American Nurses' Association, St. Louis, Mo., April 22-29, 1914.

*Wednesday, April 22.* 9 a.m., Meeting of Board of Directors. 2 p.m., Executive Committee Meeting. 3 p.m., Executive Committee Meeting with JOURNAL Directors. 4.30 p.m., Executive Committee Meeting for conference with Council of American Nurses' Association and Robb Memorial Fund Committee. 8.30 p.m., Joint Meeting Executive Committees, three associations.

*Thursday, April 23.* 9 a.m. to 12.30 p.m., Registration. 2.30 to 4.30 p.m., Business session, House of Delegates. Roll Call. Report of Secretary. Report of Treasurer. Report of Nominating Committee. Report of Standing Committees. Report of President of Board of Directors of AMERICAN JOURNAL OF NURSING. Resolutions Committee appointed. Unfinished business. New Business. 4.30 to 6 p.m., Tea. 8 p.m., General session, subject: "Potential Influence of the Nurse in the Health of the Nation." Invocation. Address of welcome. Response and president's address, Genevieve Cooke. Addresses by Clara D. Noyes, president of the National League of Nursing Education, and Mary S. Gardner, president of the National Organization for Public Health Nursing, also by a speaker yet to be announced.

*Friday, April 24.* 10.30 a.m. to 12.30 p.m., "Private Nursing." (Program to be arranged by consultation with committee appointed at Atlantic City). "Obstetrical Nursing as a Specialty;" "Special Nursing in Hospitals;" "Nursing in Country Districts." Question Box, in charge of Katharine DeWitt, Rochester, N. Y. (Questions may be sent to Miss DeWitt, care AMERICAN JOURNAL or NURSING, at any time between now and April 20. After that date they may be addressed to her, care Planters Hotel, St. Louis.) 3 p.m., Section on Registration. Letter from Miss Cummings, Manager Intercollegiate Bureau of Occupations. "Registry from the Point of View of the Registrar;" "Registry from the Point of View of the Training School Superintendent;" "Registry from the Point of View of the Private Nurse."

*Saturday, April 25.* 10.30 a.m., "Legislation;" "Ways and Means of Procuring Legislation;" "Actual Legislation Affecting Nurses;" "California Eight-hour Law;" "Registration Laws," etc. 2 p.m., Section Meeting, "Head Nurses."

"Operating-Room Work, Its Demands and Its Rewards," Mary A. Robb. "Relation of Head-Nurse to Hospital as Administrator," Nina G. Sinnott. "Relation of Head Nurse to Training School as Faculty," Marion G. Parsons. 4 p.m., Section Meeting, Boards of Examiners, Lucy Ayers, chairman.

*Sunday, April 28.* Morning, special services in the churches. 3.30 p.m., Mass Meeting, subject: "Place of Religion in the Life of a Nurse." Representatives of the Jewish, Catholic and Protestant clergy will speak. Address, Dr. Charles T. Emerson, Indianapolis. Letters will be read from missionary nurses. The work of religious nursing organizations will be presented. The music will be the singing of service hymns. Close with Mispah blessing.

*Monday, April 29.* 10 a.m., "Work of Navy," Chief Nurse. "Inventions of Nurses," Miss Ellicott. "Post Graduate Work," Miss Allison. 8 p.m., General session, Red Cross Work, Jane A. Delano presiding. "The Proposed Establishment of a Training School for Nurses in Bulgaria by an American Red Cross Nurse." "The Red Cross Nurse at the Gettysburg Encampment," Sara M. Murray, Secretary Philadelphia Local Committee, Red Cross Nursing Service. "The Red Cross Town and Country Nursing Service," Fannie F. Clement, superintendent Town and Country Nursing Service. "Nursing Relief in Time of Disaster," Mary E. Gladwin, Chairman Ohio State Committee, Red Cross Nursing Service. "Opportunities for the Red Cross Nurse in Humanitarian Activities," Mabel T. Boardman, American Red Cross.

*Tuesday, April 30.* 3.30 p.m., "Food: Infant Feeding," Alice L. Ketrledge. Discussion opened by Harriet Leete. "Food in Health," Amy L. Daniels. "Food in Disease," Dr. K. Walter Mills.

*Wednesday, April 30.* 10 a.m., Round tables on subjects called for by nurses present. 2.30 p.m., Business session. Reports from committees, presentation of resolutions, introduction of new officers, adjournment.

#### TICKET OF NOMINATIONS FOR OFFICERS FOR 1913-1914

For president: Genevieve Cooke, R.N., San Francisco, Cal.

For first vice-president: Adda Eldredge, R.N., Chicago, Ill.; Mae D. Currie, R.N., Indianapolis, Ind.

For second vice-president: M. Margaret Whitaker, R.N., Philadelphia, Pa.; Agnes G. Deana, R.N., Detroit, Mich.

For secretary: Katharine DeWitt, R.N., Rochester, N. Y.

For treasurer: Mrs. C. V. Twiss, R.N., New York, N. Y.; Mrs. Reba Thelin Reed, R.N., Orange, N. J.

For directors (six to be elected): Mary M. Riddle, R.N., Newton Lower Falls, Mass.; Ella P. Crandall, R.N., New York, N. Y.; Jane A. Delano, R.N., Washington, D.C.; Mary C. Wheeler, R.N., Chicago, Ill.; L. A. Giberson, R.N., Philadelphia, Pa.; Mary B. Eyre, R.N., Denver, Colo.; Mrs. Edith M. Hickey, R.N., Seattle, Wash.; Anna C. Maxwell, R.N., New York, N. Y.; Martha Wilkinson, R.N., Hartford, Conn.; Sara E. Parsons, R.N., Boston, Mass.; Mathild Krueger, R.N., New York, N. Y.; Estelle Campbell, R.N., Des Moines, Iowa.

THE ANNOUNCEMENTS COMMITTEE for the meetings of three national organizations to be held in St. Louis, April 28-30, have decided upon the Planters Hotel, Fourth and Pine Streets, for headquarters of all three of the organizations. The morning and afternoon meetings will probably be held at the Planters Hotel. The evening general sessions will be held at a church. The mass meeting for Sunday afternoon will be held in the largest music hall, the Odeon.



## Following are hotel rates:

**Planters Hotel, Fourth and Pine Streets, 350 rooms.** (From Union Station, take Market Street car going east.)

Rooms without bath for one..... \$1.50 to \$2.00

Rooms without bath for two..... 2.50 to 3.00

For each person over two, \$1.00 additional.

Rooms with bath for one..... 2.50 to 5.00

Rooms with bath for two..... 3.50 to 7.00

For each person over two, \$1.00 additional.

**Jefferson Hotel, Twelfth and Locust Streets, 400 rooms.** (From Union Station, take Park or Compton car going north.)

Rooms without bath for one..... \$1.50 to \$2.00

Rooms without bath for two..... 2.50 to 3.00

Rooms without bath for three..... 3.50 to 4.00

Rooms without bath for four..... 4.50 to 5.00

Rooms with bath for one..... 2.50 to 6.00

Rooms with bath for two..... 3.50 to 8.00

Rooms with bath for three..... 4.50 to 10.00

Rooms with bath for four..... 6.00 to 12.00

**Maryland Hotel, Ninth and Pine Streets, 240 rooms.** (From Union Station, take Market Street car going east.)

Rooms without bath for one..... \$1.50

Rooms without bath for two..... \$2.00 to 2.50

Rooms without bath for three..... 3.50

Rooms without bath for four..... 4.50

Rooms with bath for one..... 2.00 to 2.50

Rooms with bath for two..... 3.00 to 3.50

Rooms with bath for three..... 4.00

Rooms with bath for four..... 5.00

**American Hotel and Annex, Sixth and Seventh and Market Streets.** (From Union Station take Market Street car going east.) Private bath in each room.

Rooms for one..... \$1.50 to \$5.00

Rooms for more than one, \$1.00 additional for each person.

**Marquette Hotel, Eighteenth and Washington Avenue, 400 rooms.** (Take Park or Compton or Eighteenth Street car going north.)

Rooms without bath for one..... \$1.00 to \$1.50

Rooms with bath for one..... 2.00 to 3.50

Rooms for more than one, \$1.00 additional for each person.

Nurses or visitors are requested to reserve rooms by making application directly to the manager of the hotel chosen. It is urged that reservation be made as early as possible.

JULIA C. BRINSON, R.N.,  
Chairman Arrangements Committee,  
420 S. Jefferson Avenue,  
St. Louis, Mo.

LOCAL ASSOCIATION MEMBERS will wear St. Louis badges, a white ribbon with blue letters. They hope visitors will not hesitate to ask them for directions as to hotels, restaurants, lunch rooms, sights, churches, etc. They will distribute slips with names and addresses of near-by reputable restaurants and lunch rooms.

## THE NATIONAL LEAGUE OF NURSING EDUCATION

Program for the Twentieth Annual Convention, St. Louis, Mo., April 22-29  
*Thursday, April 22.* 9.30 a.m., Meeting of Council of League and special committees. 8 p.m., Opening meeting with the American Nurses' Association and Organization for Public Health Nursing.

*Friday, April 24.* 10.20 a.m., Business meeting, reports of Standing Committees. Address on "Vocational Guidance," Dr. George Payne, Teachers College, St. Louis. 2 p.m., Joint meeting with American Nurses' Association on "Registries." 8 p.m., Open meeting on "Standardization of Nursing Education." Addresses on "New Demands which Modern Developments in Medical and Sanitary Science Are Making upon the Present System of Nurses' Training," Dr. Fred S. Murphy, Washington University Medical School. "Essentials of Professional Education," Dr. George Deck, Washington University Medical School, St. Louis. "Responsibility of the Public and of Hospital Trustees for Standards of Nursing Education," M. Adelaide Nutting, Professor Department of Nursing and Health, Teachers College, Columbia University.

*Saturday, April 25.* 10.20 a.m., Joint meeting with American Nurses' Association on "Legislation." "The Progress of the Past Year in Nursing Legislation and Some Lines of Future Effort," Adda Eldredge, St. Luke's Hospital, Chicago. "The Eight Hour Law as Applied to Student Nurses," Lila F. Finkhardt, Superintendent, Pasadena Hospital, Pasadena, Cal. "The Preparation of Bills and Publicity Methods," Mr. Roger Baldwin, Secretary St. Louis Civic League. "The Organization of Nurses for a Legislative Campaign," Mrs. Charles G. Stevenson, President New York State Nurses' Association. 2.20 p.m., Section meeting on Standards of Entrance to Schools of Nursing. Presentation of Report of Educational Committee on Standards of Entrance, Elizabeth Durgan, Michael Reese Hospital, Chicago. Discussion, Annie W. Goodrich, Mary C. Wheeler and others.

*Sunday, April 26.* 3 p.m., Joint meeting of all organizations. Address, "Place of Religion in the Life of the Nurse," Dr. Emerson, Indianapolis. Missionary and social activities of nurses under various religious organizations. Music.

*Monday, April 27.* 10 a.m., Joint meeting with the National Organization for Public Health Nursing on "The Education of the Public Health Nurse." "The Fundamental Requirements in the Training of the Nurse for Public Health Nursing," Edna L. Foley and others. "Has the Training School Any Responsibility for the Education of the Public Health Nurse, and If So, What Can It Contribute?" Lillian Clayton, Instructor of Illinois Training School, Chicago, and others. Discussion summarized by Miss Beard and Miss Noyes. 3 p.m., Section meeting on the "Proposed Course of Study."

*Tuesday, April 28.* 10 a.m., "Problems of Administration in Training Schools and Hospitals." "Some Problems of the Small Hospital," Ellen Stewart, Bishop Clarkson Memorial Hospital, Omaha, Nebr. "A Possible Basis for Organization of Nursing Education in a Large Municipal Hospital System," Mrs. Harriet Hunter Barnes, Instructor New York City Hospital. "Hospital Clothing," Alice Lake. 2.20 p.m., Section meeting on "Methods of Teaching in Training Schools for Nurses." "The Teaching of Practical Nursing," Annabelle McCrea, Instructor Massachusetts General Hospital, Boston. "The Use of the Laboratory Method in the Teaching of Nurses," Martha Kahlon, Instructor

Michael Reese Hospital, Chicago. "Equipment for Teaching in Schools of Nursing," Helen Bridge, Instructor St. Luke's Training School, New York City. "The Visiting Teacher," Eva A. Mack, Chicago.

Wednesday, April 29. 10 a.m., Closing meeting. Business—Resolutions.

#### NOTICES TO MEMBERS

There is to be an exhibit of Teaching and Utility Equipment at the Convention, to which it is hoped all hospitals will contribute. Contributions should be sent to St. Louis about the 13th of April, addressed to Miss Lottie Darling, care Arrangements Committee for Nurses' Convention, Planters Hotel, St. Louis, Mo.

All who have applied for membership in the National League of Nursing Education are notified that while their papers have gone to the Membership Committee, they cannot be acted upon until the next meeting of the League at St. Louis, in April. It is hoped that all these prospective members will be present at the Convention. Their initiation fee and dues will entitle them to a report of the 1914 proceedings. There are several copies of the Proceedings of the 1913 Convention, held in Atlantic City, which may be obtained by sending 70 cents to the secretary.

SARA E. PARSONS, Secretary,  
Massachusetts General Hospital,  
Boston, Mass.

#### NOTICE TO EASTERN DELEGATES

There will probably be a special train leaving Boston at 10.30 a.m., Monday, April 29, that will arrive in Albany at 4.20 p.m. where it will be attached to the special New York train of delegates for St. Louis. It is said that the expense will be no greater for New England delegates to go on this way than it would be to go direct from Boston to St. Louis. All who wish to go in that train should communicate with C. E. Colony, 226 Washington Street, Boston, Mass.

#### RECOMMENDATION FROM ARRANGEMENTS COMMITTEE FOR THE INTERNATIONAL CONGRESS IN SAN FRANCISCO IN 1915

Delegates will please come to St. Louis empowered to pledge a definite sum toward the arrangements for and entertainment of the International Congress in San Francisco in 1915.

ANNIE W. GOODRICH,  
President International Congress;  
HELEN PARKER CRISWELL,  
Chairman of Arrangements Committee;  
GENEVIEVE COOK,  
President American Nurses' Association.

#### THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Program for the Second Annual Convention, St. Louis, Mo., April 23-29, 1914.

Wednesday, April 29. 3 and 6 p.m., Meetings of the Executive Committee.

Thursday, April 30. 9 a.m., Registration. 9.50, Meeting of Board of Directors. 11.30, Meeting of chairman of all committees with Executive Secretary.

1.30, Meeting of permanent and special committees. 8 p.m., General joint meeting with American Nurses' Association and National League of Nursing Education.

**Friday, April 24, 9.30 to 11 a.m., Business meeting.** Informal address by the President. Report of Executive Secretary. Report of Treasurer. Appointment of Committee on Resolutions. Discussion of Constitution and Revision of By-Laws. 4 to 5.30 p.m., Two sessions concurrently: Mental Hygiene and Tuberculosis. Committee on Mental Hygiene: Chairman, Elsie Thomson, Agent, Illinois Society for Mental Hygiene, Chicago. Report of year's work. Paper: "Subnormal and Abnormal Individuals and the Problem They Present," Amelia Sears, Instructor, Chicago School of Civics and Philanthropy. Committee on Tuberculosis: Chairman, Curry Dasha Breckinridge, Northwestern University Settlement, Chicago. Report of year's work and proposed outline of development. Discussion: "The Problem of Material Relief as a Factor in the Treatment of Tuberculous Patients," Sophonisba P. Breckinridge, Chicago School of Civics; Edna L. Foley, Superintendent Visiting Nurses Association, Chicago. 8 p.m., Open meeting with National League of Nursing Education.

**Saturday, April 25, 9 to 10.30 a.m., Committee on Records and Statistics:** Chairman, Edna L. Foley, Chicago. Report, Edna L. Foley. Discussion. 4 to 5.30 p.m., Two sessions concurrently: Infant Welfare and Industrial Welfare. Committee on Infant Welfare: Chairman, Carolyn C. VanBlarcom, Executive Secretary, Committee on Prevention of Blindness of New York Association for the Blind. Sub-committee on Care and Feeding of Infants. Report of Chairman, Mary V. Crick, Visiting Nurse, Department of Health, Peekskill, N. Y. "Constructive Methods," Harriet L. Loebe, Superintendent of Nurses, Bureau of Child Hygiene and Babies' Dispensary and Hospital, Cleveland, O. Discussion. Sub-Committee on Prevention of Blindness. Report of Chairman, Augusta M. Condit, Acting Superintendent, I. D. N. A., Columbus, O. "The Specialized Nurse in a Working Plan for the Prevention of Blindness," Marion A. Campbell, Field Secretary, State Commission for the Blind, Columbus. "The Prevention and Control of Trachoma," Linda Neville, Secretary Kentucky Society for Prevention of Blindness. Discussion. Sub-Committee on Midwives. Report of Chairman, Carolyn C. Van Blarcom. "The Midwife in the City," Stella Weism, Superintendent Social Service and Visiting Nursing, Johnstown, Pa. "Midwife Situation in Rural Communities," Lydia Holman, Founder, Holman Association Altapass, N. C. Discussion, Clara D. Noyes, General Superintendent Bellevue Hospital Training School for Nurses. (Lantern slides on the three subjects presented will be shown at the close of the session.) Committee on Industrial Welfare: Chairman, Eva I. Anderson, Visiting Nurse, South Works of the Illinois Steel Company, Chicago, Ill. Report of Chairman. "My First Year's Work," Agnes F. McClary, Welfare Worker in the Edward V. Price Company, Chicago, Ill. Discussion. "A Business Man's View of the Nurse in the Industrial Field," Mr. Arthur H. Young, Supervisor of Labor and Safety, South Works of the Illinois Steel Company. "The Visiting Nurse in the Mining Town," speaker to be announced. "The Nurse in the Department Store," speaker to be announced. 8 p.m., Open meeting. Address, Subject to be announced, Frederick L. Hoffman, Statistician, Prudential Insurance Company of America, Newark, N. J.

**Sunday, April 26, 10.45 a.m., Special Service in the Church.** 3.30-5.30 p.m., Mass Meeting, President of Washington University presiding. Organ Recital. Choral Society and Orchestra. Service Hymns. Address: "The Place

of Religion in the Life of the Nurse," Dr. Emerson, Dean Medical College, University of Indiana. Short informal addresses by clergymen of Protestant, Roman Catholic and Jewish churches on "Nursing at Home and Abroad." "Hospital and Public Health Work;" letters or reports from nurses in foreign fields. 8 p.m., Round table conference.

**Monday, April 27.** 10.30 to 12.30 a.m., Joint meeting with the National League of Nursing Education, Subject: "Education of the Public Health Nurse." "The Fundamental Requirements in the Training of the Nurse for Public Health Nursing," Edna L. Foley, Chicago; followed by short talks representing special demands of different fields by Misses Thomson, Johnson, Kerr, Ahrens Breckinridge. Summary: Mary Beard, Superintendent I. D. N. A., Boston. "Has the Training School Any Responsibility for the Education of the Public Health Nurse; How Much Should Legitimately be Demanded of the Training School and How Much is it Feasible for it to Carry?" S. Lillian Clayton, Illinois Training School for Nurses, Chicago, Ill. Short talks by Misses Samuel, Lawlor, Parsons, Burks, and Powell, describing what is being done in several schools providing special training. Summary: Clara D. Noyes, General Superintendent, Bellevue Hospital Training School. 4 to 5.30 p.m., Two sessions concurrently: "School Nursing and Hospital Social Service." Committee on School Nursing, chairman, Lina Rogers Struthers, Toronto, Canada. "The Origin of School Nursing." "The Fresh Air Treatment" (Forest School, etc.). "The Dental Work." "Little Mothers." "The School Nurse's Relation to the Child Applying for Working Papers." Paper by Miss Bridgeport, Albany (7). Survey of future work on following subjects: Little Mothers' Classes. "The Dental Work" (a chair in every school). "The Care of the Feeble Minded." "Physical Requirements for Working Papers and How the Nurse Can Help Raise the Standard," Kathleen D'Olier, Rochester, N. Y. Committee on Hospital Social Service: Chairman, Ida M. Cannon, Head Worker H. S. S. Department, Massachusetts General Hospital, Boston. Report: "International Relations of the Social Service Department with Special Reference to Hospital and Training School Administration." Paper: "Distinctive Function of the Hospital Social Worker," Miss Irens, Johns Hopkins Hospital (7). Discussion. 8 p.m., Open meeting with the American Nurses' Association on Red Cross Work.

**Tuesday, April 28.** 9 to 11 a.m., Committee on General Visiting Nursing: Chairman, Nan L. Dorsey, St. Joseph, Mo. Report of year's work. Paper: "Community Spirit in Public Health Nursing," Nan L. Dorsey. Committee on Rural Nursing: Chairman, Fannie F. Clement, General Superintendent, Red Cross Town and Country Nursing Service, Washington, D. C. 11 to 12.30, Committee on Records and Statistics: Chairman, Edna L. Foley. Discussion continued. 2 to 4 p.m., Meeting with American Nurses' Association, Subject: "Food and Diet." 5.30 to 8.30, Committee on Organization and Administration, Chairman, Mrs. Arthur Aldis, Chicago. Report of Committee. "Some Administrative Problems," Mrs. Arthur Aldis. "Usefulness and Scope of Auxiliary Boards," Gertrude Pashody, Boston. "Methods of Co-ordinating Lay and Professional Workers in Nursing Organizations," Mrs. Joseph Cudahy, Chicago. 8 p.m., Open meeting, Subject: Civic Control of Public Health Nursing." Speakers: Dr. Ford, Commissioner of Health, Cleveland, O.; William A. Field, General Superintendent, South Works of the Illinois Steel Company, Chicago.

**Wednesday, April 29.** 9.30 a.m., Unfinished business. Report of Committee on Resolutions. 3 p.m., Reports and resolutions from all organizations.



## REPORT OF THE NURSES' RELIEF FUND, MARCH 1, 1914

## Receipts:

Previously acknowledged.....	\$475.77
Indiana State Nurses' Association.....	25.00
Indiana State Nurses' Association (individual pledges).....	6.00
Jefferson County Graduate Nurses' Club, Louisville, Ky.....	5.00
L. A. Giberson, Chairman, calendar money.....	265.50
Nurses' Alumnae Association, University of Maryland, Baltimore..	25.00
Bellevue Hospital Alumnae Association, New York.....	25.00
St. Luke's Training School for Nurses, Chicago (through Mrs. Wilson).	50.00
L. A. Giberson, chairman, calendar money.....	700.00
Alumnae Association, Lutheran Hospital, St. Louis.....	5.10
Pennavant Memorial Hospital Alumnae Association, Chicago.....	5.00
Nurses' Alumnae Association, Woman's Hosp., Philadelphia.....	25.00
Nurses' Alumnae Association (individual pledges).....	25.00
Balance, March 1, 1914.....	\$1485.37
Eight bonds.....	8800.00

\$9285.37

Contributions for the Relief Fund should be sent to Mrs. C. V. Twin, R.N., treasurer, 419 W. 146th Street, New York, N. Y. and checks made payable to the Farmers Loan and Trust Company, New York. For information address L. A. Giberson, R.N., American Oncologic Hospital, Philadelphia, Pa.

## ARMY NURSE CORPS

**APPOINTMENTS.** Clara E. Howe, graduate of New Hampshire State Hospital, Concord, N. H., and post-graduate of Polyclinic Hospital, New York City; M. Eliza Wenverling, Pennavant Memorial Hospital Training School, Chicago, Ill., assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

**TRANSFERS.** From the Walter Reed General Hospital, Takoma Park, D. C.: To Letterman General Hospital, San Francisco, Calif., Helen M. Pichel, Jennie A. Jaeger and Agnes B. Cameron. To Army General Hospital, Fort Bayard, N.M., Margaret D. Murray. To Fort Leavenworth, Kan., Maude Bowman, Henrietta M. Mochring and Clara B. White.

From Army General Hospital, Fort Bayard, N. M.: To Letterman General Hospital, San Francisco, Calif., Emily S. Hess.

From the Letterman General Hospital, San Francisco, Calif.: To Army General Hospital, Fort Bayard, N. M., Elizabeth J. Kenny. To Fort Leavenworth, Kan., Mary C. Jorgensen, with assignment to duty as Chief Nurse. To Philippine Department, Manila, P.I., H. Elvira Helgren and Lillian J. Ryan.

From the Philippine Department, Manila, P. I., via Guam and Europe, to the Walter Reed General Hospital, Takoma Park, D. C., Clara B. White.

**DISCHARGE.** From the Walter Reed General Hospital, Takoma Park, D. C., Calmes McK. Walker.

LEAH M. McISAAC,  
Superintendent, Army Nurse Corps.

## NAVY NURSE CORPS

On February 7, 1914, the appointment was confirmed of Medical-Inspector W. C. Braisted as Surgeon-General of the Navy, to succeed Medical-Director C. F. Stokes, whose term of office expired on that date. During Dr. Stokes' term as Chief of the Bureau of Medicine and Surgery the number of nurses appointed to membership in the Nurse Corps has been doubled, and difficulties requiring legislative action have been successfully terminated. The nurses who have served under Dr. Stokes appreciate the just treatment accorded them and the keen interest he always manifested in matters pertaining to the Corps. The appointment of Surgeon-General Braisted brings to the Bureau of Medicine and Surgery one of the chief exponents of the plan to establish, in the Navy, a corps of trained nurses. The hope is universal that the progress the Nurse Corps has made, since the time of his first interest, will be gratifying to the new Chief. The nurses are confident that they will receive from him every possible assistance in their efforts to make the nursing work in the Navy acceptable to their profession and in keeping with the general efficiency demanded by the Surgeon-General in all Naval Hospitals.

In response to a request from the Governor of Samoa (American), the Secretary of the Navy authorized the Bureau of Medicine and Surgery to send two members of the Nurse Corps, U. S. N., to Samoa. Mary Humphrey, as Acting Chief Nurse, and Corinne Anderson were chosen. These nurses are to lay the foundation of a training school for native women and to assist in caring for the sick members of the American Colony. The scale of intelligence and advance in civilization among the Islanders is conceded to be Filipino, Chomorro, Samoan, with more than a century between the grades. There is no doubt that the nurses will experience pioneer nursing work, and there will be untold difficulties to surmount, and numerous prejudices to overcome. The result, however, no matter how small, will mean progress, and it is believed all who appreciate professional advancement will be interested in the life of these two women in their new field of work.

**APPOINTMENTS.** Emma L. Eohir, Connecticut Training School, New Haven; Sarah F. Ammen, St. Vincent's Hospital, Norfolk, Va.; Elisabeth Hopkins, St. Vincent's Hospital, Norfolk, Va.; Minnie E. Holtam, City Hospital, Louisville, Ky.; Teresa C. Brennan, Rhode Island Hospital, Providence, R. I.; Miriam G. Ballard, Pennsylvania Hospital, Philadelphia; Marie C. Glindeman, St. Luke's Hospital, Spokane, Wash.; Adele Brudner, Gowanus State Hospital, N. Y. Post-graduate Buffalo Homeopathic Hospital, New York; Alice H. Rakton, Pennsylvania Hospital, Philadelphia; Post-graduate course Slemons Maternity Hospital, New York; Charlotte MacNally, Rochester State Hospital, New York; Post-graduate course Neurological Hospital, New York; Mary A. Long, Philadelphia General Hospital, Philadelphia; Olive I. Riley, General Hospital, Paterson, N. J.; Jessie E. Van Worman, Illinois Training School, Chicago; Nancy Lee Brian, University of Maryland Hospital, Baltimore; Lucie Dillon Jordan, South Mississippi Hospital, New Orleans, La.; Emily M. Smaling, Jefferson Medical College Hospital, Philadelphia; Violet Gann, Jefferson Medical College Hospital, Philadelphia; Bertha Frantz, Columbia and Children's Hospitals, Washington; Helen Orchard, Virginia Hospital, Richmond, Va.; Mary Cordelia Simmons, Rex Hospital, Raleigh, N. C.; Pearl Smith, Central Carolina Hospital, Sanford, N. C.;

Julia M. Madden, Pittsburgh Hospital, Pa., Marlborough Sanatorium, Pa., Charge Nurse, Colon Hospital, Canal Zone; Vittoria Maria Tittoni, Germantown Hospital, Pa.; Blanche M. Moran, Grace Hospital, New Haven, Conn.; Beatrice G. Turill, Jefferson Hospital, Philadelphia; Lillian M. Urah, Illinois Training School, Chicago, Charge Nurse, Colon Hospital, Canal Zone; Helen A. Russell, St. Francis Hospital, Keweenaw, Ill., Post-graduate California Hospital, Los Angeles, Calif., Charge Nurse, Colon Hospital, Canal Zone.

**RE-APPOINTMENTS:** Clara L. DeCun, Buffalo General Hospital, New York, Superintendent Children's Hospital, Buffalo, Chief Nurse, U. S. Navy Nurse Corps, Superintendent Children's Hospital, St. Louis, Night Supervisor Neurological Hospital, New York.

**TRANSFERS:** Friedricha Brown, from New York to Guam; Eleanor Gallaher, from Newport to Philadelphia, Pa.; Marion Wilson, from Norfolk, Va., to Chelsea, Mass.; Emma L. Ehrh, from Washington, D. C., to Norfolk, Va.; Ellen Puma, from Washington, D. C., to Norfolk, Va.; Mary H. Humphrey, from Mare Island, Calif., to Tutuila, Samoa; Corlaine Anderson, from Mare Island, Calif., to Tutuila, Samoa; Grace E. Leonard, from Newport, R. I., to Chelsea, Mass.; De Lyla Thomas, from Newport, R. I., to Chelsea, Mass.; Marion A. Fargus, from Washington, D. C., to New York, N. Y.; Minnie E. Holman, from Washington, D. C., to New York, N. Y.; Mary E. Wood, from Chelsea, Mass., to Philadelphia, Pa.; Isabelle F. Rutkin, from Chelsea, Mass., to Mare Island, Calif.; Isabelle Caldwell, from Philadelphia, Pa., to Mare Island, Calif.; Florence C. Ryler, from Newport, R. I., to Chelsea, Mass.; Blanche E. Ferguson, from Washington, D. C., to Chelsea, Mass.; Martha Fringle (Chief Nurse), from Mare Island to Philadelphia; Elsie Brooks, from Newport, R. I., to Annapolis, Md.; Anna I. Cole, from Norfolk, Va., to Mare Island, Calif.; Florence T. Milburn (Chief Nurse), from Newport, R. I., to Mare Island; Julia T. Oconnor from Mare Island, Calif., to New York, N. Y.; Thelma Wilkins, from Philadelphia, Pa., to Norfolk, Va.; Mary E. Walsh, from Washington, D. C., to Philadelphia, Pa.; Sara B. Myer, from Norfolk, Va., to New York, N. Y.; Carrie Lappert, from New York to Chelsea, Mass.; Anna E. Gorham, from Philadelphia, Pa., to Norfolk, Va.; Mollie Detweiler, from Philadelphia, Pa., to Norfolk, Va.; Lucy Keenan, from Washington, D. C., to Philadelphia, Pa.; Margaret Sultz, from Washington, D. C., to Philadelphia, Pa.; Elizabeth Hewitt (Chief Nurse), from New York to Newport, R. I.; Sadye E. Willoughby, from Newport, R. I., to Mare Island, Calif.; Charlotte Page, from Newport, R. I., to Philadelphia, Pa.; Harma La Roche Meyer, from Newport, R. I., to Philadelphia, Pa.; Mary J. McCloud, from New York, to Newport, R. I.; Jean Allen, from New York, N. Y., to Newport, R. I.; Mary P. Leader, from Philadelphia, Pa., to Norfolk, Va.; Edith Brightbill, from Philadelphia, Pa., to Norfolk, Va.; Emma L. Spatcher, from Chelsea, Mass., to New York, N. Y.; Margaret Boylan, from Chelsea, Mass., to New York, N. Y.; Jessie E. Van Warner, to Mare Island, Calif.; J. Beatrice Bowman (Chief Nurse), from Philadelphia to Norfolk, Va.; Ada M. Pendleton (Chief Nurse), from Washington, D. C., to Annapolis; Sara M. Cox (Chief Nurse), from Norfolk, Va., to New York, N. Y.; Adel Swisher, from Washington, D. C., to Annapolis, Md.; Frida Krook, from Norfolk, Va., to Mare Island, Calif.; Charlotte MacNally, from Washington, D. C., to Norfolk, Va.; Mary A. Long, from Washington, D. C., to Norfolk, Va.; Olive I. Riley, from Washington, D. C., to Norfolk, Va.; Julia M. Madden, Vittoria M. Tittoni, Blanche Moran, Beatrice G. Turill, to Washington, D. C.; Philana P. Cheatham, to Philadelphia, Pa.; Nancy Lee Brian, to Newport, R. I.

**HONORABLE DISCHARGE.** Louise M. Pitts, Louise E. Langstaff, Mary M. Ridgway, Chief Nurse, Margaret L. Haas, Mary C. Wiggins.

**REASSIGNATIONS.** Virginia C. Miller, Emily W. Lomax, Mary E. Keefe, Grace Beane, Jane G. Mooney, Hermine E. Graupner, Mary H. Wood, Eleanor M. Cartwright, Anna W. Parsons, Blanche K. Ferguson, Mary M. Hickman, Teresa Brennan.

**PROMOTION.** Ada M. Pendleton (Chief Nurse); Mary H. Humphrey (Acting Chief Nurse, Tutuila, Samoa).

LENAN S. HIGBER,  
Superintendent Navy Nurse Corps, U. S. N.

**ANNOUNCEMENT, DEPARTMENT OF NURSING AND HEALTH, TEACHERS COLLEGE,  
COLUMBIA UNIVERSITY, NEW YORK**

The Department of Nursing and Health will be open again this year during the Summer Session which extends from July 6 to August 14. The regular courses in Public Health Nursing and in the Teaching of Nursing Principles and Methods will be given, and these will be supplemented by addresses from representatives of various branches of nursing work and by visits to New York hospitals and other institutions.

Among the many other courses that would be of interest to nurses specializing in School Work, Social Service and Rural Nursing Work, Teaching in Training Schools, etc., are the following: Rural Sociology in Relation to Education and Rural Social Institutions, by Dr. Wilson; Public Health Problems and Statistics, by Dr. Chaddock; Bacteriology and Physiology (given in the College of Physicians and Surgeons); Educational Psychology; Sex Education; Normal Diagnosis; Corrective Exercises; Folk Dancing and Playground Work; Cookery, Nutrition, Chemistry; Institutional Administration, and many other courses such as History, Literature, Public Speaking, Sociology, Economics, etc., which are of more general cultural value.

Nurses who are interested in this work should write directly to the Department of Nursing and Health, Teachers College, where they will receive the announcement and any further advice and information which they may need. The fees for the course are about \$20. The cost of living expenses, fees and all incidentals will usually be covered by \$100.

**REPORT OF THIRD-YEAR CONFERENCES, DEPARTMENT OF NURSING AND HEALTH**

The mid-year gathering of Teachers College Alumni was held at the College, February 29-31, a large number of old students being present to congratulate their Alma Mater on the occasion of her twenty-fifth anniversary. The Nursing and Health Branch held its first conference on Friday evening, the meeting taking the form of a discussion on "Methods of Teaching in Nursing Schools," under the leadership of Mrs. Harriet Barnes of the New York City Hospital. The question as to whether the best results in practical nursing can be obtained from having the pupils on regular ward duty during their preparatory term was quite fully discussed, the general opinion being that in view of the difficulty in regulating the amount and character of their work and properly supervising it in the wards, it was more satisfactory to have practical nursing almost entirely taught in the demonstration room, and to give almost the whole time in the preparatory

course to getting the students thoroughly grounded in the sciences and principles on which nursing is based. Miss Hall and Miss Watson of the Peter Bent Brigham Hospital, Boston, spoke of the good results they have had with this method. Miss Decker of Bellevue Hospital and others gave the results of their experience in teaching the subject. Miss Bridge of St. Luke's Hospital, New York City, spoke on the value of careful marking of note books as a method of helping pupils to organize their work, and clearing up their difficulties. A paper by Miss Miller of the Massachusetts General Hospital described the case method of teaching medical and surgical nursing, and showed the decided advantages of the clinical over the lecture method. Miss Allison and Miss Trunch of the Polytechnic Hospital, New York City, gave some interesting points about the teaching of post-graduate students, showing that there is a decided demand for a better kind of post-graduate instruction, and very appreciable results from good sound teaching, both in the number and quality of applicants and the kind of work done. This conference was very well attended. On Saturday, after the luncheon at which about thirty former graduates were present, Mathild Krueger gave some interesting descriptions of the pioneer days when she was first a student at the College. Miss Goodrich, the warmly-welcomed new assistant professor in the Department, spoke briefly and with characteristic earnestness and humor of the future of the Department. The afternoon session was presided over by Susan Watson, vice-president. A most interesting report was presented by Loretta Parker for the Loan Fund Committee. In accordance with the plan formed last summer, the Alumnae had succeeded in raising a loan fund of \$6000 which the College has doubled, thus making a sum of \$12000, which will be loaned under certain conditions to students who may wish to take a second year's work in the College. The Pamphlet Committee reported that the little vocational pamphlet on "Opportunities in the field of Nursing" had almost reached the \$6000 mark, that many copies had been distributed and much interest shown as a result of this form of publicity work. In welcoming the old students back to the College, Miss Nutting took occasion to commend the Association for its progressive spirit and its many activities and especially for the generous contributions to the loan fund. She gave a brief sketch of the program of the past year, the new courses and lectures being added and the steady increase in the number of students, over fifty now being entered in the Department. She spoke also of the very interesting work being done by many of the graduates in the field. Miss Crandall presented Miss Clayton's paper on the "Responsibility of the Training School for the Social Training of the Nurse." It was a plea for a larger interpretation of the nurse's functions and training and for a sounder and fuller course of study, especially in subjects dealing with Social and Public Health Work. Miss Allison of the Polytechnic Hospital discussed the paper and Miss Hall and Miss Lewis spoke of the introduction of elective work in Social Service and Visiting Nursing Work during the first year, and the arrangement of special lectures dealing with social and public health aspects of nursing. Papers by Lucinda Stringer of Phipps Institute, Philadelphia, Miss Le Lachour, recently connected with the Instructive Visiting Nurse Association of Boston and Miss Evans of the Visiting Nurse Association of Cleveland dealt with post-graduate courses for public health nurses, recently established by the organizations which they represented. At the close of this meeting the Nurses' Club of the College served tea to the guests in Whittier Hall, after which most of them hurried away to attend the large anniversary dinner at the Aldine Club in the evening. It is gratifying to note that the Alumnae of this



Department have won a distinct reputation in the College for loyalty and for progressive work. Such reunions certainly help to keep this interest alive and to keep the graduates in touch with one another and with the ideals they all stand for.

ISABEL M. STEWART,  
Secretary.

#### AMERICAN HOSPITAL ASSOCIATION

At the last meeting of the American Hospital Association it was voted to extend its membership to Superintendents of training schools, heads of departments, principals of hospital staffs, trustees, etc. The superintendents of nurses will be admitted as Associates. Their fee will be \$2 a year. It is desired that superintendents of schools will avail themselves of this opportunity for representation in the Hospital Association. They have a right to discussion. The next Convention is to be held at St. Paul, August, 25, 26, 27 and 28, 1914. For membership blanks apply to Dr. H. A. Boyce, Secretary, American Hospital Association, Kingston, Ontario, Canada.

#### NEW HAMPSHIRE

Concord. THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held its quarterly meeting at the Margaret Pillsbury Hospital. Methods were discussed for interesting the nurses in the state association and the best way for securing new members. Delegates were chosen for the Convention of the American Nurses' Association to be held in St. Louis. Two new members were admitted. After the business was finished, Anna C. Lockerby, president, gave an interesting report of the annual meeting of the Red Cross Society held in Washington, D. C., December 10, 1913. Following adjournment, the meeting of the District Nurses' Association was held. Ella Phillips Crandall, Executive Secretary of the National Organization for Public Health Nursing, gave a talk on her work.

#### MASSACHUSETTS

Boston. THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its mid-winter meeting on January 31, at 585 Boylston Street, the subject for discussion being "Revision of the Nurses' Registration Bill." In consideration of the inclement weather a goodly number were present. At this meeting an American flag was presented to the Association by an interested member with the request that it be used at all meetings of the Association.

Preceding the meeting, the Massachusetts State League of Nursing Education was organized, to affiliate with the State Association. The officers elected were: president, Emma M. Nichols; Boston City Hospital, Boston; vice-president, Bertha W. Allen, Newton Hospital, Newton Lower Falls; secretary-treasurer, Annabelle McCrea, Massachusetts General Hospital, Boston. Following the business meeting, Minnie Goodnow gave an excellent talk on Efficiency.

THE BOSTON EQUAL SUFFRAGE ASSOCIATION FOR GOOD GOVERNMENT invited all the nurses of greater Boston to a meeting and tea at the Boston Nurses' Club rooms, 585 Boylston Street, on March 10. There was a large and interested audience, speakers, Dr. Hugh Cabot, Dr. Evangeline Young, Mrs. Marion Booth Kelley. Great praise was given to Florence Nightingale by Dr. Young. One might gather from the tenor of Dr. Cabot's remarks that the granting of equal

suffrage would be a foregone conclusion if the great body of nurses in America would come out in favor of "Votes for Women."

THE CENTRAL DISPENSARY, Suffolk County Nurses' Branch of the Massachusetts State Nurses' Association, was organized in February, 1912, with offices at 625 Beacon Street, Boston. The same women whose names have been associated with every effort for the betterment of nursing in Massachusetts were the founders. With great sacrifice of time, and some financial risk, they have provided a business bureau to which their co-workers in hospital management may turn for well-qualified assistants when positions become vacant, and where the private nurse, with no sacrifice of self-respect, may register for work in any branch of her profession. Miss M. E. P. Davis, well-known to JOURNAL readers mothered the plan, taking charge of the office, and after rather more than a year of service left a well-established and rapidly-growing registry in charge of Adelaide Turner of New York. The "Central" is *par excellence* the nurses' own directory; it is managed by and for nurses, patrons pay no fee, and criticisms of the nurse are not solicited, either from physician or family, though anything unsatisfactory is requested to be reported in writing so that complaints may be properly investigated. A policy of fairness and justice to the nurse meets with grateful approval, and the close of the second year shows a registry of more than 300 members. Miss Parsons, Superintendent of Nurses, Massachusetts General Hospital; Miss Nichols, Boston City Hospital; Miss Riddle, Newton Hospital, and Miss Barber, of the New England, are some of the directors of the board of management and should be competent judges of nurses' requirements. Dr. James M. Jackson is chairman of the advisory board, while Drs. Richard Cabot, Wm. Boas, John T. Bottomley, and several other prominent medical men, besides Rev. Wm. Conway, S. J., and several ladies known for their interest in worthy causes, constitute the committee.

LOUISE MACPHERSON COLEMAN, superintendent of the Good Samaritan Hospital, has returned to her duties. She arrived on the *Saxonis*, February 12. Miss Coleman has had an extended vacation, spent on the Riviera with a former patient. Miss Hentig, Miss Coleman's assistant, had charge during the superintendent's absence. Miss Coleman and Miss Hentig are graduates of the Training School of the Boston City Hospital.

THE GOOD SAMARITAN HOSPITAL has built a very pretty Nurses' Home. The quarters formerly occupied by the nurses will be utilized for the care of cancer patients.

THE BOSTON NURSES' CLUB held its annual meeting at the club rooms, 529 Boylston Street, March 2. The officers elected were: president, Dr. William M. Conant; vice-presidents, Emma M. Nichols, Sarah Beatty; secretaries, Susan Bard Johnson, Children's Hospital, and A. Maud Grierson; treasurer, Charlotte W. Dana. Five new members at large were admitted.

#### RHODE ISLAND

THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will meet to examine applicants for registration at the State Capitol, May 6 and 7. For further information, address the secretary-treasurer, Lucy C. Ayers, R.N., Woonsocket Hospital, Woonsocket, R. I.

THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION and THE RHODE ISLAND HOSPITAL NURSES' CLUB held a joint meeting at the hospital on the

evening of January 13. The business meeting was followed by a Mother Goose costume party.

THE RHODES ISLAND HOSPITAL NURSES' CLUB met at the George Ide Chase Home for Nurses, on the evening of February 10. After a brief business meeting the Club was entertained by Hans Schneider, director of the Hans Schneider Music School. Mr. Schneider gave a most interesting lecture on Parsifal and Salzweth, illustrated by stereopticon. A social hour followed.

### CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its quarterly meeting, February 4, at Mrs. Thorpe's Tea Room, Waterbury. The meeting was called to order at 2.30, Mrs. W. A. Hart in the chair. With other important business transacted was the appointment of the delegate to the American Nurses' Association, Mrs. Hart, who was elected to represent the Association at St. Louis. Reports from various committees were read and accepted. The treasurer's report was very gratifying as it showed a substantial balance. The report of the chairman of the membership committee aroused interest as it showed an increase of seventy-two members since the annual meeting last May. Luncheon was served the fifty-three nurses present, after which the visiting members were invited to visit the club rooms of the Waterbury nurses.

HARTFORD. THE HARTFORD HOSPITAL TRAINING SCHOOL ALUMNUS ASSOCIATION held its regular meeting in Center Church House, February 12. The following amendment to the constitution was adopted. Article 4, Section 2: All nurses who have been graduates of the Hartford Hospital Training School for thirty years shall be exempt from payment of dues. Miss MacCormac gave a brief account of her work in connection with the Metropolitan Insurance Company. Miss Warfield and Miss Harts were hostesses for the social hour.

NEW HAVEN. THE CONNECTICUT TRAINING SCHOOL ALUMNUS ASSOCIATION held its regular meeting on March 8, at the usual time and place, Miss Barron in the chair. On account of the absence of the secretary, Mrs. Wilson, the minutes of the previous meeting were not read, otherwise the routine business was attended to. The nominating committee was appointed: chairman, Miss Fiang, with Miss Harty and Mrs. Fleischer. Miss M. E. Stock was chosen as delegate to the convention of the American Nurses' Association, with Miss Fiang as alternate. A discussion followed relative to entertaining the next class at graduation, and the verdict was that a "tea," following the May meeting, would give the greatest satisfaction, bringing into closer touch the members of the different classes and promoting a more general sociability. Miss Payne was appointed chairman of the entertainment committee for this tea.

DURBY. THE VISITING NURSES' ASSOCIATION OF ANDOVER, DUNSTON AND SHELTON held its annual meeting in Library Hall, March 8, and was largely attended, owing to the fact that Ella Phillips Crandall was to address the meeting. Mrs. Plumb, the president, was in the chair. Reports were given by the secretary, Mrs. Baldwin, the treasurer, Mrs. Bennett, and the visiting nurse, Jennie B. Springour. These showed that the Association is in a prosperous condition and that the work is growing in all forms of public health nursing. After the business, and songs by Mrs. Lewis, Miss Crandall gave a very interesting talk on Public Health Work and complimented the Association on the wonderful co-operation shown in the work of three small cities. She spoke of generalization, rather

than specialization, as appropriate to the Association's work. All enjoyed the address and felt that Miss Crandall had left good material to build on. A social hour followed the meeting. On the annual donation day, March 8, many useful things were added to the loan room, such as surgical dressings.

#### NEW YORK

THE BELLEVUE ALUMNUS ASSOCIATION announces the completion of the new wing of Osborn Hall, the club house at 425 East 28th Street. Within two weeks after the opening, over forty people were occupying the new rooms. The house has now a capacity of one hundred and seventy-five, and it is a great relief to the management to feel that hereafter there will be ample room for transients, whether nurses or self-supporting women. On the afternoon and evening of April 14, the alumnae will hold a banquet at Osborn Hall in aid of their pension fund, and on the evening of the 18th the annual dinner will be given.

THE MT. SINAI ALUMNUS ASSOCIATION held an open meeting on February 5, at which the Nurse Practice Act was discussed, addresses being made by Miss Goodrich and Mrs. Stevenson. Red Cross Nursing and the Pension Fund were also given consideration. The Association held its annual dinner at Hotel Biltmore on February 21.

MR. SINAI TRAINING SCHOOL graduated a class of fifty nurses on February 17. The Mitty Guggenheim scholarships were awarded to Cora L. Ball, Martha A. Hobb and Eleanor M. Kern. The Betty Leeb bags, given for executive ability shown in the wards, were awarded to Hilda E. Olson and Alice Mulligan. The A. W. Schellie Columbia Scholarship was awarded to Bertha E. Walt. The principal speakers were Hon. Warren W. Foster, Dr. Brill and Mr. Schellie. Dr. Brill awarded the prizes.

BROOKLYN. THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNUS ASSOCIATION held its monthly meeting on March 2. Elizabeth Hatfield, who went as a delegate to Albany to represent the Association's interest in the Soley Bill, concerning the Nurse Practice Act, gave an interesting account of favorable and opposing views, both lay and professional. Her report was followed by an address by Miss Louterbach, assistant to Elizabeth Irwin, head of the Public Health Nursing in New York, on "Treatment of Public-minded Children in Public Schools." Her talk was enlightening and entertaining. A pleasant social half hour followed the meeting.

ROCHESTER. ESTHER J. WITVELT, class of 1908, Rochester General Hospital, has accepted the position of housekeeper at the hospital. Carolyn Hurthurt, class of 1908, has resigned from the staff of the hospital, where she has been in charge of the office and bookkeeping department for eleven years, and is temporarily in charge of the bookkeeping of the AMERICAN JOURNAL OF NURSING, at 45 South Union Street.

#### NEW JERSEY

ORANGE. THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its twelfth annual meeting on Tuesday, April 7, 1914, in the Memorial Parish House, Grace Church, at the invitation of the Alumnae Association of the Orange Training School for Nurses. A paper will be read by Eugene D. Ayres of Elizabeth, on "Nursing Eye and Ear Patients," and possibly one also by Martha W. Moore of the Orange Memorial Hospital.

It is a matter for congratulation that an adverse amendment, on the same lines as that which was defeated last year, has met with the same fate this time; it sought to give state registration to all graduates of hospitals, connected with any institution, without examination. Judicious explanations and some hard work convinced those in charge of the "perniciousness" of the Act, and it was gratifying to note how much more alert the hospitals and nurses of the state now are to the danger from such movements, which would wholly undo all the work of the past twelve years.

THE ALUMNAE ASSOCIATION OF THE ORANGE TRAINING SCHOOL FOR NURSES will hold its third meeting in the parlors of the Training School. It will be made a special Red Cross meeting and it is expected that an interesting speaker will address the members, giving the opportunity to the pupil nurses to learn what has been done, and of the new openings that are afforded under its organization, and in the development of the Red Cross Town and Country Nursing Service.

PATERSON. THE PATERSON GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at the Nurses' Home, February 3. Fifteen members responded to roll-call. With other business transacted it was decided to contribute one hundred dollars to the campaign fund. This was to be contributory to a whirlwind campaign to raise \$100,000 in ten working days, in order to pay off a debt and make some necessary repairs on the hospital. A sum of \$105,200 was raised by the various committees, nearly \$2000 of this amount being collected by the graduate nurses' committee of five members, and \$105 collected from nurses in training, and employees of the hospital. The hospital is very proud of the people of Paterson, for responding so generously to the call. The meeting adjourned, followed by the usual social hour. Appreciation is extended to Mrs. Furman, Superintendent of Nurses, for having refreshments served by the nurses in training.

NEWARK. ST. MICHAEL'S HOSPITAL completed a \$141,000 fund on the evening of February 25, after a whirlwind campaign of twelve days. Though the weather was extremely cold, 125 teams reported contributions, both men and women soliciting. Much enthusiasm was displayed at the final meeting when reports of the workers were turned in. The fund will be used to equip a new wing, giving the hospital a capacity of four hundred beds. The hospital is under the care of the Sisters of the Poor of St. Francis.

ELIZABETH J. HIGGINS, of Paterson, is giving a series of talks on Home Nursing in several villages of the state.

### PENNSYLVANIA

Philadelphia. THE PHILADELPHIA CLUB FOR GRADUATE NURSES is the headquarters for most of the meetings of interest to nurses. Inclement weather and sickness have prevented some of the Tuesday afternoon talks, but there have been some very fine ones. Dr. C. M. Farnell spoke on "Some Phases of the Sex Question." It was a plain talk from a woman to women, giving information to nurses that they can pass on to patients. Martha Smith, an instructor in the Pennsylvania Hospital, spoke on "Physical and Mental Poise." Dr. Mann, professor of orthopedics in the Medico-Chirurgical Hospital, told what was new in his line of work and brought with him many pictures of patients, taken before and after treatment, as well as two patients who are having treatment for curvature of the spine. He invited the nurses to visit the clinic any Thursday, at 1 p.m. The addresses have all been so useful and interesting that every nurse



should have been present. The members of the Club were honored by having Genevieve Cooke, president of the American Nurses' Association, and editor of the *Pacific Coast Journal of Nursing*, as their guest, on her way home from New York. A tea was given on the afternoon of January 23, to which, superintendents of nurses, officers of alumnae associations and the leaders in all lines of nursing work, were invited in order to meet her. In the evening, all the nurses of the city were invited to hear Miss Cooke speak on subjects of interest to them. The house was filled both afternoon and evening. Miss Cooke won all hearts. In Philadelphia, the latch-string will always be out to her. Mrs. John F. Lewis, who is an excellent teacher of parliamentary law, will have a class again this winter, at the Club. A dance and card-party for the benefit of the Club, was given on February 22. The committee in charge was composed of nurses from twelve different hospitals.

THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA LYING-IN CHARITY HOSPITAL, held its regular monthly meeting at the hospital on the afternoon of March 5. Clara B. Steinmetz, president, was in the chair. Twenty-two members were present. Miss Montgomery, field secretary for the Philadelphia Club for Graduate Nurses, addressed the members.

THE ALUMNAE ASSOCIATION OF THE PROTESTANT EPISCOPAL HOSPITAL IN PHILADELPHIA held a regular monthly meeting on March 6 in the Nurses' Home. After routine business, Dr. Courtland Y. White, Pathological Director and Curator of the Hospital, gave an instructive discourse on the "Pasteurization of Milk," showing interesting facts with the aid of the lantern.

THE NURSES' ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL held its regular quarterly meeting on March 11, at the Philadelphia Club for Graduate Nurses, with a good attendance. Two new members were admitted. A very interesting talk was given on the work of the Children's Bureau at Washington by Miss Duha, one of the field inspectors. The opportunity for nurses to help in this work is very great. On February 24, a card party was given by Miss Rutledge in the name of the Association, for the Night Nurses' Fund of the Visiting Nurses' Society. It was a great success, financially and socially, more than \$200 being raised.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA held the monthly meeting on February 2, Mrs. Irwin, first vice president, in the chair. The question of joining the Philadelphia Club for Graduate Nurses, as an association, when the Club shall have made provision in the by-laws for associations, was decided in the affirmative. The treasurer was instructed to send \$10 to Miss Greeney for the class in parliamentary law, which is to be held at the club house. Margaret Montgomery, president of the Club, has been invited to speak at the March meeting in its interest. The president of the Association, Emma Le Van, was appointed delegate to the Convention of the American Nurses' Association to be held in St. Louis in April. Another delegate and the alternates are to be appointed later. The Alumnae Association of the Presbyterian Hospital invited the members to hear Miss Goodrich on the afternoon of February 11, and the Philadelphia Hospital alumnae invited them to hear her in the evening. A letter from Katherine Fales, who has been in charge of a hospital in Grantur, India, for many years, states that she will call for home, on a furlough, in April. An interesting letter was received from Alma Pittman, who is a missionary nurse in Shanghai, China. She stated in reply to a letter from the Association as to what she desired sent her for her patients, that pillows and

careers are the most needed articles. Newspapers, received at various times from Hagerstown, Md., give long accounts of the good work done by Nellie Casey who is District Health Nurse. At a meeting of the County Medical Society, in Hagerstown, Miss Casey read an interesting paper on the "After-Care of the Discharged Sanatorium Patient." The dance given by the Alumnae on February 11, was well attended. Many patronesses were present and a social time was enjoyed.

THE ST. AGNES HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting at the hospital, January 28, for the election of officers. The following were elected: president, Sara C. Bregan; vice-president, Sara Smith; secretary, Cecelia K. Hoad; treasurer, M. Agnes Dougherty; chairman of executive committee, Mary A. O'Neill. Eight new members were admitted. A musicale and dance will be given after Easter for the benefit of an endowed room for nurses.

ALBANY. THE ALUMNAE ASSOCIATION OF THE ALBANY HOSPITAL TRAINING SCHOOL FOR NURSES held its regular monthly meeting February 2, at the home of Mrs. Herts, who presided. Twenty-one nurses were present. The reports of the secretary and treasurer were read and accepted. Papers were read by the Misses Diehl and Thomas and were enjoyed by all. A social hour followed.

#### DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination of applicants for registration on Wednesday, May 20, 1914. Apply by mail to the secretary for blanks, which must be filled in and returned by April 28, 1914.

KATHERINE DOUGLASS, Secretary,  
418 E. Capitol Street.

#### MARYLAND

THE MARYLAND STATE BOARD OF EXAMINERS FOR NURSES will hold the next examination, June 2, 3, 4 and 5, at 1211 Cathedral Street, Baltimore. All applications should be filed with the secretary before May 15, 1914.

(Mrs.) ELIZABETH P. HUNTER, R. N., Secretary,  
1211 Cathedral Street, Baltimore.

#### WEST VIRGINIA

Wheeling. THE OHIO VALLEY GENERAL HOSPITAL (formerly the City Hospital), was opened to the public with appropriate exercises, January 17. After the exercises thousands of people were shown through this modern and up-to-date hospital by the Boys' Brigade and Linky Cadets in uniform, under command of Colonel Caldwell. Mr. Edward F. Stevens of Boston, architect, presented the trustees, with a solid gold master-key which, in turn, was presented to Mrs. Jennie M. Fontaine, principal of the school for nurses, together with a gold chain to be worn by her, as a badge of office. In the evening a reception was tendered the public by the trustees, the members of the board and their wives. Lunch was served by the student nurses, and 7000 people were shown through the building during the afternoon and evening, displaying great interest in it. On Sunday, from noon until 9 p.m., fully 12,000 people were shown through the building, the Alumnae members being in charge, assisted by the Boys' Brigade and Linky Cadets. The building is fire-proof and is arranged for economy and efficiency.

of service. In the construction of the windows, boards are used as deflectors of draught, while the method of ventilation is controlled by a damper behind the radiator and positive ventilation is insured by 20-horse-power fan in the tower. There are no roller shades, adjustable heavy linen curtains being used throughout the house. The water is sterilized from a central plant, also in the tower and is conducted through silver-lined and black-tin-lined pipes all over the building. The same plant furnishes drinking water which is refrigerated and circulated to drinking fountains which are a combination bubbling-fountain and pitcher-faucet. The hospital has its own refrigerating plant, using carbon-dioxide, freezing some ice for crushed ice and circulating brine to all parts of the house. Stores and supplies are under control of a steward. The kitchen, which is large and airy, is lined with enamel-brick, has a tile-floor, and is equipped with modern machinery, including steam tilting-bottles, a hot-blast range, electrically-run potato peeler, electric food-chopper, and a dish-washer. Two automatic electric elevators connect the main kitchen with the serving kitchens on the upper floors. Special ventilation keeps the odors from the top of the house. There are departments for the isolation of contagious diseases and the aggregation of colored people. There are special laboratory facilities with complete equipment. An out-patient department will be organized shortly and will be the first in Wheeling. In the next few months, departments of hydro- and electro-therapy will be opened. The hospital has its own laundry, power plant, filtration system, and high pressure system for water. There are three operating rooms in a suite, with separate lockers for each surgeon, sterilizing room, and doctors' scrub-up, patterned after the Munich-Schwabing hospital. In the large operating room, there is a hydraulic table, of which there are but few in the United States. Other facilities are: two service rooms on each floor, and incubator in each one; a steam table in each serving kitchen. The floors are covered with bottinship linoleum, securely cemented. The lighting system is indirect. There is a drop-light at every bed, a private telephone, hot and cold water, and built-in wardrobe in every private room. A silent call system for nurses is among the many smaller items. Months before opening, Mrs. Jennings M. Fontaine, a graduate of the Massachusetts General Hospital, Boston, principal of the training school, began organizing the school. It offers a three year's course of lectures, recitations, and demonstrations in connection with practical experience. There is a six-months' probationary course. At the time of closing the old school there were eight under-graduates who, in preference to entering other schools to finish their training, returned to this school to do so. There are 37 graduates now employed, these being graduated from some of the best schools both at home and abroad. The nursing will be done by these graduates for the first year.

THE OHIO COUNTY ASSOCIATION OF GRADUATE NURSES held its regular monthly meeting at the North Wheeling Hospital, February 12. Eighteen members responded to roll-call. Reports of officers and committees were received and seven names were voted on for membership. The Association now has \$365 in the treasury to apply toward the fund for the entertainment of the State Association which will meet in Wheeling in September. After the business was completed subjects of interest to the profession were discussed, with a social hour following.

THE OHIO VALLEY GENERAL HOSPITAL ALUMNUS ASSOCIATION (formerly the City Hospital), held its regular monthly meeting at the Nurses' Home, on February 4, the president presiding. About sixteen members were present. A

number of interesting subjects were discussed, especially in regard to the method of increasing the benefit fund for sick nurses. This fund was started January 1, 1914, and to date there is \$93.25 in the treasury.

#### NORTH CAROLINA

**Asheville.** A Nurses' Home, Dunawyche, has been established near Asheville. It is two and one-half miles from Black Mountain and fourteen miles from Asheville. The Home is situated in the upper valley of the Swannanoa. It has the Blue Ridge at its best on one hand, and the Black Mountain Plateau, which is the greatest elevation east of the Rockies on the other. It has an altitude of about 2800 feet above sea-level. Dunawyche is the property of the North Carolina State Nurses' Association, being a home for their members who are in ill-health or need rest. The Home was realized mainly through the efforts of the state nurses, the contributions of physicians and personal friends of the profession, however, aiding much the success of the undertaking. The Home is the first of its kind to be established. It was completed in 1912 and opened early in 1913. It is well-suited to the outdoor life of the tubercular, its ventilation and perfusion being of the best. There are twelve rooms, nine of which are bedrooms, most of which are connected with sleeping porches. The large living-room and dining-room are home-like and artistic. The house contains excellent baths on each floor, the water supply being obtained from a mountain spring. The Home was named for two prominent nurses of the state, Misses Dunn and Wyche. At present there are some vacancies, and the nurses would be glad of some outside guests; special rates given to nurses. Within a distance of one-half mile are two tubercular sanatoria under the charge of a prominent tubercular specialist, who is also physician for the Home.

#### GEORGIA

The GEORGIA STATE ASSOCIATION OF GRADUATE NURSES will meet in Atlanta, May 29 and 31.

**Augusta.** CHARLOTTE AIKEN gave a short talk to the Woman's Club on March 6, her subject being "The Need of Instructing Children in the Schools to Intelligently Handle the Sick Relatives in Their Homes."

#### ALABAMA

**Birmingham.** THE HILLMAN HOSPITAL will soon have its new wing completed. The capacity of the hospital will then be increased about one hundred beds.

THE GRADUATE NURSES' ASSOCIATION held its monthly meeting at the Paul Hayne School because of repairs being made on the Hillman Hospital. Dr. J. D. Hancock gave a most interesting talk on "Immunity," explaining in detail the action of antitoxins. About thirty nurses were present.

MARGARET HUTTON, secretary of the Graduate Nurses' Association of Montgomery, has been in Birmingham on a visit. She reported the rather unusual fact that their registry, in a local drug store, is very satisfactory.

In March a meeting was held to complete the organization of a State Association.

MARY OLIVE SMITH, a graduate of St. Luke's Hospital, New York City, has recently taken charge of Holy Innocents Hospital for Children.

A NEW UNIVERSITY FREE DISPENSARY is being contemplated. A publicity campaign has been recently conducted to raise money for it. About \$33,000 was subscribed, nearly \$300 of which was procured by the committee from the Graduate Nurses' Association.

THE ELEANOR HORN CLUB AND THE GRADUATE NURSES' ASSOCIATION were entertained on the afternoon of March 4 by Mrs. Irene Denny and Annie Stay. The time was given over to the discussion of the various phases of the Red Cross work, enjoyable talks being given. Among the speakers were Mrs. J. A. Rountree, secretary of the local Red Cross chapter, Mr. W. M. McGrath, international representative; Helen McLain, chairman of nursing service; and Linna H. Denny, president of the Graduate Nurses' Association. A social hour followed.

Mobile. A CITY ASSOCIATION has been formed by the graduate nurses of this city.

#### MISSISSIPPI

Greenville. AN ANTI-TUBERCULOSIS LEAGUE, recently formed, has done excellent work and is prepared to put a nurse in the field very shortly. Other plans are in view, but the Hospital Committee will await some definite statistics before completing any further plans. These statistics are now being gathered.

Hatchee. THE ADAMS COUNTY NURSES held their Study Meeting at Miss L. M. Mullins' home on the afternoon of February 11. Questions on materia medica, as given by the Vermont Board of Examiners, produced some lively discussions from various points of view. Questions on parliamentary law, as selected by the program committee, proved useful in forming a beginning for the study of this subject. A delightful social hour followed.

THE COUNTY ASSOCIATION held its regular meeting on March 4. The session was very interesting, the topics being taken from questions on Medical Nursing, as given by the Maryland Board of Examiners. Owing to inclement weather, the attendance was small. The hostesses were the Misses Steele and Ferman.

Hattiesburg. DADDY SHERMAN has resigned as the superintendent of the South Mississippi Infirmary, and is now at the Huntington General Hospital, Huntington, West Virginia. Miss L. D. Gordon is at the U. S. Naval Hospital, Washington, D. C. Both state and local associations feel the loss of these two most efficient members.

THE HATTIESBURG NURSES' ASSOCIATION has established hourly nursing. The prospects for its success are bright as the need of such work is very apparent.

Laurel. THE NURSES OF LAUREL are contemplating the organization of an association, very soon.

#### LOUISIANA

New Orleans. THE LOUISIANA STATE NURSES' ASSOCIATION met at Charity Hospital, February 23. The following officers were elected; president, Agnes Dault; vice-presidents, Rose Marshall and Katherine Dent; treasurer, Alma Schlingel; secretary, Lydia Brown; directors, Meta Hills and Alda Ball.

#### KENTUCKY

Louisville. ELEANORE S. ROBERTSON has been appointed supervising nurse of the new City Hospital.

Miss CRANDALL visited the nurses of Louisville in February. She was an inspiration to the Public Health nurses as well as to all who were fortunate enough to meet her during her short stay.



THE PUBLIC HOSPITAL was opened in February. It is a great pleasure to all graduates, but especially to the graduates of that school.

An important event for the Louisville nurses was the passing of the Nurse Practice Act, in March. The bill passed both houses by a large majority and was signed by the governor on March 13.

#### MICHIGAN

**DETROIT.** THE WAYNE COUNTY NURSES' ASSOCIATION held a regular meeting at the Wayne County Medical Building, March 6. There was a good attendance. At the close of the regular order of business, Agnes Carson, superintendent of the Detroit Home Nursing Association, gave an interesting account of her work. The program for the day consisted of a lecture by Dr. Price, president of the Board of Health, on "The Relation of the Nurse to Communicable Diseases." In the face of existing conditions, when nurses are more and more registering against contagious cases, Dr. Price's lecture was a timely one, and it is hoped it may remove some of the fear, prejudice, or indifference nurses may have entertained regarding contagious diseases.

THE GRACE HOSPITAL ALUMNAE ASSOCIATION held a largely-attended meeting in the Helen Newberry Nurses' Home, on February 10. The Association extended a very warm welcome to Miss Lennox who has rejoined its membership. Miss Lennox was a charter member of the Alumnae Association, and until recently was connected with the State School for the Blind at Lansing. Dr. W. L. Babcock gave a very instructive and interesting talk on the Home Nursing Association.

ST. MARY'S ALUMNAE ASSOCIATION held a regular meeting on February 12, at the home of Miss Rhody, with an attendance of twenty-four members. A drill in parliamentary law, given by Mrs. J. E. Foley, who has been engaged to give a course of instruction on the subject, followed the regular order of business.

At the close of the meeting the Misses Rhody entertained with instrumental and vocal selections, after which lunch was served.

THE LOCAL COMMITTEE OF THE AMERICAN RED CROSS NURSING SERVICE met February 17, at the office of the Central Directory. Three new applications were approved by the committee. Mrs. B. L. Harris, assistant principal of nurses at the Farvard Training School, Harper Hospital, has transferred her membership in the Red Cross Nursing Service from Brooklyn, N. Y., to Detroit.

At a special meeting of the Wayne County Nurses' Association, held on November 7, 1913, Mr. F. M. Buttol, addressed the members on "Nursing Bureau." To nurses who had failed to read the daily press this topic meant little. It was used, however, as an appeal for the registration of the so-called practical nurse. At the close of the address a discussion ensued, which resulted in almost a unanimous vote in favor of registering the practical or domestic nurse, as such, on the Nurses' Central Directory. A committee of seven was appointed to draft measures for registration, the report to be submitted to the Wayne County Association members and to the Board of Directors of the Nurses' Central Directory for endorsement. The plan adopted was in part as follows: that an oral examination in simple nursing methods be given each applicant in order to ascertain, as nearly as possible, her capabilities along the lines of nursing and practical housekeeping. Her charges are to range from \$8 to \$15 a week, the Board of Directors reserving the right to fix her standard. She is also to produce satisfactory recommendations of good moral character and a certificate of good health.

Her work will be closely followed up by means of blanks which are sent to the family and attending physician and all complaints carefully investigated. Already, several applications have been received and the question on the application blanks, which asks if they are willing to abide by the rules and regulations, is invariably answered "Yes." Occasionally one applies who refuses to conform to the rules, objecting principally to the clause which governs charges, proving that nurses still have the complex question before them of controlling, in a measure, the non-graduate.

**Ann Arbor.** THE WASHTENAW COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting at the Peterson's Hospital Nurses' Home, on February 13. Seven members were present. Seventeen new members were admitted, one re-instated and three resignations accepted. Sarah Burrows was elected treasurer to succeed Ethel Neelands, the newly appointed registrar. The registry is located at the home of Miss Neelands. Twenty graduate nurses are registered and by cooperating with the Detroit Central Directory it is possible, at all times, to meet the demands of the public. Practical nurses are registered, the registrar receiving a report from physician and employer, if possible, each time the nurse is sent on duty. Officers for the year are: president, Fantine Fomberton; vice-president, Elba Morse; secretary, Blanche Wood; treasurer, Sarah Burrows; board of directors, Julia Stahl, Helen Sellman and Ruth McIntyre.

ELNORA E. THOMSON, superintendent of the Illinois Society for Mental Hygiene, gave an address under the auspices of the Alumnae Association of the University of Michigan Training School, in the medical amphitheater of the hospital, February 22. An invitation was extended to all nurses in the city. Miss Thomson's subject was "Mental Hygiene" and her address was interesting and very much appreciated. An informal reception was given in her honor at the Peterson's Hospital Nurses' Home in the evening.

**Grand Rapids.** THE KENT COUNTY GRADUATE NURSES' ASSOCIATION held a banquet, February 8, at the Parish House of Fountain Street Baptist Church. The thirty members who attended had a most enjoyable time and it was the hope of all present that the banquet be made an annual event in the calendar of the Association.

#### WISCONSIN

**Milwaukee.** ANNE HORNBY, a graduate of the Milwaukee County Hospital, formerly superintendent of the Willamette Hospital, Salem, Oregon, has accepted the position of superintendent of the Toumey Hospital, Sumter, S. C., and has commenced her duties there.

#### OHIO

**Cleveland.** AT THE ISABEL HAMPTON ROSS MEMORIAL CLUB, on January 28, Mary Gladwin, of Akron, addressed a group of nurses on the subject of "Woman Suffrage and the Need of it for Women." A nurses' auxiliary to the Woman's Suffrage Party of Cuyahoga County was formed with fifty-one members. Harriet Leet was elected chairman; Frances Munro, secretary; Ruth Allen, Alice C. Bagley and Alice C. Beale, executive committee.

THE STATE LEAGUE OF NURSING EDUCATION OF OHIO met at the Hampton Robb Club on February 24. The out-of-town members present were, Mary Gladwin and Miss Lawson, of Akron; Miss Morrison, of Toledo; Miss Echols, of Massillon, and Miss Friend, of Dayton.

**THE DENTAL ASSOCIATION** is giving a series of free lectures at the Lakeside Hospital on "Mouth Hygiene."

**Mrs. C. Sneloven** is conducting a class in parliamentary law for nurses. The class meets every Monday evening at the Robb Memorial Club house.

**Columbus.** **THE GRANT HOSPITAL ALUMNAE ASSOCIATION** held an interesting meeting in the reception rooms of the hospital on February 18. Rachel Kidwell read a most interesting paper on "Factory Nursing." Miss Kidwell has been in the employ of the largest manufacturing establishment of this city for some time and was prepared to give some very helpful points upon this subject. The Alumnae expressed their appreciation to Miss Kidwell by a rising vote of thanks. The Association elected Alice Wilkinson to represent them at the annual meeting of the American Nurses' Association. A social hour then followed. The attendance at this meeting was about the best of the season, and the members hope it will increase with succeeding meetings. It was expected, that at the next meeting, to be held in the same rooms, on the afternoon of March 18, Dr. R. A. Shilling would speak on "Side Lights from the Laboratory."

**THE GRADUATE NURSES' ASSOCIATION** held its annual business meeting at the Children's Hospital, March 4. The following officers were elected; president, Lucile Allen; vice-presidents, Sarah Hamrick, Rachel Kidwell, Jean McCaffrey; secretaries, Hazel Banning, Alice Green; treasurer, Mrs. Laura Wharton. Nell Flinn Steel was elected delegate to the meeting of the National Association in St. Louis.

**Toledo.** **THE LUCAS COUNTY HOSPITAL** was formally opened, February 28.

**Dayton.** **THE GRADUATE NURSES' ASSOCIATION** held its monthly meeting, February 17, at the Nurses' Memorial Home. Twenty-four members were present and heard the reading of a revised copy of the constitution and by-laws of the Association. A motion that these be adopted was carried by a unanimous vote. Following the business session an address on "Suffrage" was given by Miss Garvity, of the Dayton Woman's Suffrage Organization.

## INDIANA

**Indianapolis.** **THE GRADUATING CLASS OF THE PROTESTANT DEACONESS TRAINING SCHOOL FOR NURSES** is about to issue a publication, *The Illustrated Nourner*, in the interest of the Training School and the Alumnae Association. *The Illustrated Nourner* will be issued about May 15. It will contain articles by prominent medical men of Indianapolis, of interest to both the laity and the profession. There will be portraits also, of physicians, surgeons, and nurses, which will be a source of pleasure to those who, in sickness, have come to know them and received their care. It is hoped that nurses, affiliated with the Alumnae Association, and the medical profession will cooperate to make this publication a success.

## ILLINOIS

**Chicago.** **THE GRADUATE NURSES' ASSOCIATION OF ST. BERNARD'S HOSPITAL** held its quarterly meeting, December 18, at the hospital. There was a good attendance of members and all the officers were present. After the routine business the meeting adjourned until April. Five nurses from this hospital took the State Board Examination, all passing it successfully.

**Miss Eaves,** of Brockville, Canada, has accepted the position as assistant superintendent of the Policlinic Hospital.

ABELA SCHOEMAKER has accepted the position as surgical nurse at Henrotin Memorial Hospital.

THE CHICAGO ROUND TABLE met at St. Mary of Nazareth's Hospital, February 14. A hearty welcome was given by Dr. Poltrowsky. In his address he spoke with the highest praise of the American nurse, as to how gladly she is always welcomed in Europe and given the preference. He spoke further of her usefulness in new fields that are now being opened to her; of the high ideals to which she should always attain; her advantage of becoming a linguist and keeping in touch with the great movements of the day. His talk was exceedingly interesting and was a most cordial welcome. Lucy East, Registrar of the Central directory for Nurses, also spoke and urged all present to give their support to its welfare, telling of its great progress. A resolution was adopted that the Round Table become affiliated with the Federation of Woman's Clubs. Another resolution was adopted to help in every way, to endorse and enforce the anti-spitting ordinance. At this meeting the following hospitals were represented, St. Luke's, Chicago, St. Joseph's, St. Mary of Nazareth's, German, Michael Reese, Tabitha, Mercy, North Chicago, Policlinic and Henrotin, South Chicago. A social hour followed the meeting.

THE ALUMNUS ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL FOR NURSES held a regular meeting on February 3, Miss Kelly presiding. There was a discussion of the plan to use the \$60, originally intended as a prize for the senior who made the greatest advancement during training, as a loan fund to needy students instead. It was decided to leave the matter unsettled until more of the alumnae had been heard from. The sum of \$100 was voted to be given to the State Association to help defray legislative expenses. It was decided to endorse the mayor's efforts for cleaner picture shows. Papers were read on the following subjects: "The Past in Nursing," Jessie Breese; "Our Profession, Present and Future," Charlotte Johnson. The *Monthly Report* of the Alumnae Association gives an account of an interesting departure in senior work. Requests for instructors in first aid work were received from the Young Women's Christian Association and from a factory. The training school instructor felt that this was a chance to give her pupils practical experience in teaching methods, and offered to give credit to those who would give such courses. More than half the seniors volunteered for the work, with the result that lessons in first aid have been given to Camp Fire Girls, and classes in hygiene are conducted in two large factories. This not only gives the students experience in teaching, but rouses their interest in public health work. The sick rooms at the Nurses' Home have been greatly improved through alumnae donations. Evelyn Wood, class of 1906, is taking the course in Nursing and Health at Teachers College. Nettie Fitch, class of 1913, is in charge of the sick rooms at the Home.

The *Chicago Daily Journal* recently contained articles describing the work of the Visiting Nurse Association and the Infant Welfare Society.

THE ILLINOIS NURSES' EDUCATIONAL LEAGUE held its quarterly meeting at the Henrotin Memorial Hospital, February 21. All present enjoyed an interesting paper given by Ella M. Rahtge, on the "Training of Nurses in the Care of Sick Children." A good report of the work of the College Vocational Bureau was given by Miss Bennett.

## IOWA

THE STATE ASSOCIATION OF REGISTERED NURSES will meet sometime during the month of June in Boone. Miss Bristol, superintendent of the Eleanor Moore Hospital, has been making plans for the entertainment and instruction of the visitors.

DES MOINES. THE EXAMINATION FOR STATE REGISTRATION OF NURSES was held in the Capitol building, January 27 to 29 inclusive. A class of ninety-nine took the examination. It would seem from the size of the last two classes that very few nurses are left who have not registered, but it is certain that a large number are practicing without a license. The State Legislative Committee asks the aid of registered nurses in sending the full name and address of any who are so practicing. State Registration was intended to promote the interests of the profession, and registered nurses, as members of the state organization, ought to report those who are evading the law in this way. All graduate nurses should secure a state license before beginning to practice and nurses coming from other states should establish reciprocity between the board of their state and the Iowa board or else take the examination.

THE MINNEAPOLIS HOSPITAL gave a Home Coming to its alumnae. The affair, including an interesting and instructive program, was a happy re-union. At the business session, the following officers were elected for the year 1914: president Susan Clay; vice-president, Margaret Spohn; secretary, Miriam Davidson; treasurer, Katherine Diehl. It was voted to make application for membership to the American Nurses' Association.

Mrs. SARA SMITH has accepted a position as hygienic nurse in the schools of Atchison, Kansas.

THE MARY HOSPITAL ALUMNAE ASSOCIATION held its annual banquet on the evening of January 31. Thirty-eight former graduates were present. A four-course dinner was served, followed by a program of toasts, Nellie McCarthy acting as toast-mistress.

THE IOWA STATE NURSES' BOARD will conduct a special examination at the Capitol Building, April 28, 29 and 30. All non-registered nurses in the state are requested to attend, thereby complying with the new state law. Applications should be made to Guilford H. Sumner, M.D., secretary, Des Moines, Ia.

## MISSOURI

THE MISSOURI STATE BOARD FOR THE EXAMINATION AND REGISTRATION OF NURSES held its fourth annual meeting in Columbia, December 10-12, 1913. Four members of the Board were present on the first day, Miss Ferraster arriving for the second and third day. Three regular meetings of the board have been held for the purpose of examining applicants and two for the purpose of selecting examination questions. The officers for the coming year are: president, Maude Landa, University Hospital, Kansas City; secretary-treasurer, Mrs. Fanny E. S. Smith, Columbia. During the year there have been 172 applicants for registration.

THE MISSOURI STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold the next State Board Examination, as follows: Tuesday and Wednesday, June 9 and 10, St. Louis, Missouri; Thursday and Friday, June 11 and 12, Kansas City, Missouri. In St. Louis the place of meeting will be at The Planters. In Kansas City the place of meeting will be at The Cottes House.



**St. Louis.** THE NURSES ALUMNAE ASSOCIATION OF THE LUTHERAN HOSPITAL held its regular monthly meeting March 2, at the Lutheran Hospital Lecture Hall. Mrs. H. L. Wichmann gave an interesting talk on Women's Suffrage. A social hour followed.

**Kansas City.** THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its annual meeting at the club rooms, 708 Troost Avenue, February 4. The usual routine business was dispatched after which Miss Barr gave a report of her visit to St. Joseph to meet Miss Crandall. Her talk was most interesting and instructive and was supplemented by remarks from Miss Leck who also heard Miss Crandall. Miss Leck regretted that more of the Kansas City nurses could not have been in St. Joseph to receive the benefit and inspiration consequent upon the address. The election of officers for the coming year resulted as follows: Harriet Leck, reelected president; Anna M. Barr, Cora V. Church, vice-presidents; Cornelia E. Seelye, reelected treasurer; Etta H. Gowdy, secretary. The meeting was well attended and the social hour which followed was delightful.

THE SWEDISH HOSPITAL graduated a class of four young women, on February 5. The graduating exercises were held at the First Swedish Lutheran Church, following which was a reception in the church parlors. The Swedish Hospital Alumnae gave a dinner to the graduates at the Hotel Baltimore, on the evening of February 6.

#### NORTH DAKOTA

**Fargo.** THE NOMINATING COMMITTEE OF THE NORTH DAKOTA STATE NURSES' ASSOCIATION met in January for the nomination of officers for the coming year.

BERTHA ERDMANN attended the annual meeting of the Red Cross Society held in Washington, D. C., December, 1913, as delegate from the North Dakota State Nurses' Association.

**Valley City.** THE BARNES COUNTY NURSES have formed an Association to be known as the Barnes County Graduate Nurses' Association. A meeting was held December 5 for the election of officers. Those elected were: president Elizabeth Paul, superintendent of nurses, Planton Hospital, Valley City; vice president, Mrs. Barney Gray; secretary, Mayme Brady; treasurer, Margaret Canning, Riverside Hospital, Valley City. In connection with the Association a registry was established, to be conducted by the Planton and Riverside Hospitals, to help physicians in the smaller towns and also reach the Valley City Nurses. Following the meeting, the nurses were entertained at dinner by Mrs. Barney Gray.

#### NEBRASKA

**Omaha.** ELLA PHILLIPS CRANDALL, executive secretary of the National Organization for Public Health Nursing, was the guest of the Visiting Nurse Association for one day. She attended the regular meeting of the Association and in the evening, addressed a public meeting on the Relation between Visiting Nurse Work and Other Public Services.

ANNA BARNBY, class of 1912, Clarkson Memorial Hospital, has accepted a position as office nurse for Doctors Gifford, Patton, Caligas and Potts, oculists and aurists.

LILLIAN B. JENNIE, graduate of Wise Memorial Hospital, has resigned her position at the McCook Cooperative Hospital.

## TEXAS

THE TEXAS STATE BOARD OF NURSE EXAMINERS will hold examinations for the registration of graduate nurses on May 13 and 14, 1914, at the following places: San Antonio, Santa Rosa Infirmary, 743 West Houston Street; El Paso, Robert Banner Building; Fort Worth, Dr. Johnson's Sanitarium, corner 6th and Lamar Streets; Galveston, State Medical College. Applications must be filed fifteen days prior to this date. The regular meeting of the Board will be held May 20, in San Antonio.

C. L. SHACKFORD, R. N., Secretary,  
John Sealy Hospital, Galveston.

## MONTANA

Helena. THE LEWIS AND CLARK COUNTY GRADUATE AND REGISTERED NURSES ASSOCIATION held its first regular monthly meeting for the year 1914 on January 7 in the parlors of the Pincer Hotel. The State Board of Examiners for Registered Nurses being in session at the Capitol, its members were present as guests of the Association. After the preliminary business had been disposed of, the president, Mary C. Platt, introduced Georgia C. Young, former superintendent of St. Peter's Hospital, who read a most interesting paper on the inception and growth of that institution, paying a tender and beautiful tribute to the memory of its founder, Henrietta W. Brewer, who died in 1903. This was followed by a talk from Lucy Marshall, president of the State Board of Examiners, who spoke of the work that the Board had been trying to accomplish, of the success that had so far attended its efforts, and of the necessity of the loyal coöperation of the local organizations in order to bring about the full measure of efficiency. Miss Bohart, also a member of the Examining Board, told of efforts which had been made to install a district nurse in Bozeman, and of the various questions of maintenance, supervision, and field of work which had arisen during the discussion of the project, after which Miss M. M. Hughes, secretary-treasurer of the State Board read a most interesting paper by Dr. Lee Frankel on the subject of "Insurance Nursing," presenting a clear and concise view of this new field.

Miss M. M. HUGHES has gone to Boston where she will take a course in Public Health Nursing, including School and District Nursing, Social Service work and Baby Welfare work. These topics are being widely discussed in Montana, especially the subject of School Nursing, which is now very much before the boards of health, school boards, and medical and nursing professions.

## COLORADO

THE COLORADO STATE TRAINED NURSES' ASSOCIATION held its tenth annual meeting at the Y. W. O. A. Building, Denver, February 12 and 13, with the following program:

February 12, 9 p.m., Call to order; prayer by Rev. David H. Fones; music; "Common Sense and Science as a Basis of Medicine," Howell T. Perching, M.D.; "Radium," G. H. Storer, M.D.; music; "American National Red Cross," H. Foulter Morris; report of the delegate to the American Nurses' Association, Atlantic City, Mary B. Eyre. Evening, the out-of-town members were taken by the Denver members to the theatre to see "The College Widow."

February 12, 9.45 a.m., Business meeting, Mrs. Black presiding. Ten members were present. The minutes of the fall meeting were accepted as read. The

reports of the board of directors and the secretary were accepted. Ten applications for membership were voted upon by ballot and accepted. The following officers for 1914-15 were elected by ballot: president, Harriet Downen; vice presidents, Maud McCluskie, Mrs. G. Mitchell Johnson; secretary, Edith Hargrave; treasurer, Lottie G. Welch; board of directors, Mrs. C. A. Black. Mrs. Black was chosen delegate to the American Nurses' Association, with Miss Margerson as alternate. Miss Welch was elected representative in the Rocky Mountain Health Association. It was voted to hold the fall meeting in Denver. The meeting adjourned.

*Colorado Nursing News*, edited by Miss Eyre, with Miss Purkin as business manager, made its first appearance at the time of the state meeting. It is a twelve-page bulletin, containing interesting items of news from various parts of the state, and with a useful official directory. It is hoped it may help to bind the interests of Colorado nurses more closely together.

Denver. THE TRAINED NURSES' ASSOCIATION held its annual meeting on the afternoon of February 2, at the Y. W. C. A., Miss McAllister in the chair. The minutes of the last meeting and the reports of the treasurer and the superintendent of the directory were read and accepted, also the annual reports of officers and committees. The following officers were elected for the ensuing year: president, Jewell McAllister; vice president, Margaret Lindsay; secretary, Helen Gordon; assistant secretary, Ross Smith; treasurer, Edith Hargrave; board of directors, Maud O. Dahms; to represent treasurer at board meetings, Pearl E. Van Schuts; superintendent of directory, Edith Hargrave.

#### IDAHO

Boise. IDA SNELLERSON of the London Hospital, London, England, has accepted a position as night superintendent at St. Luke's Hospital.

FLORENCE FLEADAL of Devils Lake, North Dakota, has accepted a position as head nurse at St. Luke's Hospital.

#### BIRTHS

On October 5, at Gordon, Nebraska, a son to Mr. and Mrs. James B. Brown. Mrs. Brown was Jane B. Beckman, class 1897, Presbyterian Hospital, Philadelphia.

On November 5, a daughter to Mr. and Mrs. Frank C. Loubach. Mrs. Loubach was Ella Seely, class of 1912, Presbyterian Hospital, Philadelphia.

On August 21, at Rochester, New York, a son, John Harper, to Mr. and Mrs. Bushfield. Mrs. Bushfield was Sara A. Frye, class of 1897, General Hospital.

On January 12, at Rochester, a son, John Milton, to Dr. and Mrs. Chapman. Mrs. Chapman was Grace E. Eyres, class of 1897, General Hospital.

On February 7, at Fargo, North Dakota, a daughter, Ethel, to Mr. and Mrs. H. Steen. Mrs. Steen was Ethelyn Welch, class of 1902, Mohrman Hospital, Chicago.

On January 22, a daughter, to Mr. and Mrs. Spencer De Witt Reed. Mrs. Reed was Maud E. Mum, University Hospital, Philadelphia.

On January 22, a son to Mr. and Mrs. James Latta. Mrs. Latta was Nancy Smith, class of 1902, Presbyterian Hospital, Philadelphia.

At Fargo, Nebraska, to Mr. and Mrs. Otto Bergeson, a daughter. Mrs. Bergeson was Christine Danzenburg, class of 1901, Lutheran Hospital, St. Louis.

On September 15, at Liverpool, England, a daughter to Mr. and Mrs. Alfred E. Spencer. Mrs. Spencer was Bertha Maynard, class of 1900, Orange Memorial Hospital, Orange, New Jersey. She recently removed to England from Panama.

On February 2, at Smithshire, Illinois, a daughter to Mr. and Mrs. Arthur Edwards. Mrs. Edwards was Myrtle Conary, class of 1907, Monmouth Hospital Training School, Monmouth, Illinois. The baby died at the age of five days.

On October 28, at Edmonton, Canada, a son, to Mr. and Mrs. Ted Strickland. Mrs. Strickland was Mary Alexander, class of 1900, Jewish Hospital, Philadelphia.

On January 12, at Philadelphia, a son to Mr. and Mrs. Walter Pullinger. Mrs. Pullinger was Irene Wallace, class of 1900, Jewish Hospital, Philadelphia.

On February 4, at Indianapolis, a son, to Mr. and Mrs. F. M. Grant. Mrs. Grant was Corinne S. Bergstrand, class of 1908, New England Baptist Hospital, Boston.

On February 1, at Schenectady, New York, a son, to Mr. and Mrs. Lester G. Johnson. Mrs. Johnson was Elisabeth MacKee, class of 1912, Schenectady Physicians Hospital.

#### MARRIAGES

On January 24, at St. Matthias Church, Omaha, Nebraska, Heta Bivous, class of 1912, Clarkson Memorial Hospital, to Francis Doolittle. Mr. and Mrs. Doolittle will live in Omaha.

On November 12, at Gettysburg, Pennsylvania, Mary Edna Miller, class of 1908, Methodist Episcopal Hospital Training School for Nurses, Philadelphia, to Dr. Winifred L. Cooper. Dr. and Mrs. Cooper will live in Tyrona, Pennsylvania.

On January 7, at Windsor, Colorado, Lucy D. Sharp, class of 1908, Sibley Hospital, Washington, D. C., to Hamilton L. James. Mr. and Mrs. James will live near Poudre, Colorado.

On February 18, at Wellington, Ontario, Canada, Dell A. Stevenson, class of 1911, The Roosevelt Hospital Training School, New York, to Charles Harrison Greer. Mr. and Mrs. Greer will live in Wellington.

On February 18, at East Greenwich, Rhode Island, Louise Robinson, class of 1904, Rhode Island Hospital, Providence, to James Hutchinson. Mr. and Mrs. Hutchinson will live in Hartford, Connecticut.

On November 4, at Buckingham, Iowa, Mary E. Thornton, class of 1900, St. Joseph's Mercy Hospital, Dubuque, to John Byrns. Mr. and Mrs. Byrns will live in Dubuque.

On February 8, at Jacksonport, Wisconsin, Ella R. Graf, class of 1910, Fort Wayne Lutheran Hospital, Fort Wayne, Indiana, to Charles Martins. Mr. and Mrs. Martins will live in Egg Harbor, Wisconsin.

On January 31, at the First Congregational Church, Bristol, Rhode Island, Mary G. Broskin, class of 1912, Rhode Island Hospital, Providence, to Henry L. Sanford. Mr. and Mrs. Sanford will live in Groton, Connecticut.

On October 28, at Paterson, New Jersey, Ella Gibbs, class of 1907, Polyclinic Hospital Training School for Nurses, Philadelphia, to John E. Van Auben. Mr. and Mrs. Van Auben will live in Ballietville, New Jersey.

On January 17, at Leamington, Ontario, Canada, Victoria Ruth Cousin, graduate of the Jewish Hospital, Cincinnati, to Dr. William Harry Hull. Dr. and Mrs. Hull will live in Elyria, Ohio.

Mrs. Savage, class of 1900, St. Luke's Hospital, New York, to Landon Eustice.

On December 2, at Omaha, Nebraska, Ada E. Bell, class of 1910, Hahnemann Hospital Training School, Chicago, to Ralph Abram Royman, Mr. and Mrs. Royman will live in Tekamah, Nebraska.

On October 7, at Los Angeles, Mrs. Florence T. Brown, class of 1906, Hahnemann Hospital Training School, Chicago, to George W. Hendry. Mr. and Mrs. Hendry will live in Fairfax, California.

On January 19, Jennie Pearl Stocha, class of 1912, King's Daughters Hospital, Greenville, Mississippi, to O. L. Williams.

On January 19, Maudie Moore, class of 1912, King's Daughters Hospital, Greenville, Mississippi, to Thomas Worthington.

Florence M. Lee, graduate of the University Hospital Training School, Ann Arbor, Michigan, to R. G. Birch.

On December 22, at Ben Lomand, California, Rudell Henschman to George Selden Roerbach.

On November 11, at Helena, Montana, Jean Nicholson, class of 1912, St. John's Hospital Training School, Helena, to Charles Ray. Mr. and Mrs. Ray will live in Hobson, Montana.

On December 15, at Helena, Montana, Edith Daniels, class of 1910, The Dalles Hospital, The Dalles, Oregon, to Edgar Jones. Mr. and Mrs. Jones will live in Toston, Montana.

On February 24, at Alton, Illinois, Villa V. Haas, class of 1912, Monmouth Hospital Training School, Monmouth, Illinois, to Vera W. Luna. Mr. and Mrs. Luna will live in Millersburg, Illinois.

On December 20, at Boise, Idaho, Lulu Hall, to J. B. Lewis, M.D. Dr. and Mrs. Lewis will live in Meridian, Idaho. Mrs. Lewis is secretary of the State Association and president of the Examining Board.

On February 17, at Detroit, Michigan, Mary Burke, class of 1914, St. Mary's Hospital, to F. J. Hoffman. Mr. and Mrs. Hoffman will live in Royal Oak, Michigan.

On January 14, Susan Kinzell, class of 1905, Indianapolis City Hospital, Indianapolis, to Earl Adney. Mr. and Mrs. Adney will live in Lebanon, Indiana.

On February 12, Blanche Evans, class of 1911, Indianapolis City Hospital, to James R. Madison. Mr. and Mrs. Madison will live in Indianapolis.

On January 11, at Brooklyn, New York, Agnes Shaughnessy, class of 1912, Kings County Hospital, Brooklyn, to William Murtha. Mr. and Mrs. Murtha will live in Brooklyn.

On March 11, at Rochester, New York, Emie Valera Sedgwick, class of 1909, Rochester General Hospital, to Walter Collins Miller. Mr. and Mrs. Miller will live in Penfield, New York.

On December 31, at Adel, Iowa, Nettie Wiser, Methodist Hospital, Des Moines, Iowa, to Francis Donaghy. Mr. and Mrs. Donaghy will live in Des Moines.

On January 10, at Elk Point, South Dakota, Grace Beatty, Methodist Hospital, Des Moines, Iowa, to John Cory. Mr. and Mrs. Cory will live near Hornick, Iowa.

On January 1, at Van Wert, Ohio, Mabel Files, class of 1903, Hope Hospital, Fort Wayne, Indiana, to B. F. Whittington. Mr. and Mrs. Whittington will live in Cleveland. Miss Files with her sister Rilla Files, conducted a hospital at Angola, Indiana, for the two years, 1911 to 1912.



December 12, at Providence, Rhode Island, Eva M. Homer, class of 1888, Boston City Hospital, to Pryce Owen. Mr. and Mrs. Owen will live in Providence.

On February 16, at Boston, Mary C. Joyce, class of 1910, Boston City Hospital, to Thomas Nary. Mr. and Mrs. Nary will live at Charlestown, Massachusetts.

On February 11, at New York, Mary Robbins Humphreys, class of 1903, Boston City Hospital, to Sydney Freeman Brown. Mr. and Mrs. Brown will live at West Sumner, Maine.

#### DEATHS

On February 12, at Kings County Hospital, Brooklyn, New York, Mrs. Lily Fraser class of 1911, Kings County Hospital Training School. Mrs. Fraser was an active member of the Alumnae Association of her school and will be greatly missed.

Recently, Elsie Newman, class of 1907, Jewish Hospital, Philadelphia.

On February 16, at Glens Falls, New York, of typhoid fever, Mrs. Esther C. Doty. Mrs. Doty was a graduate of the Rochester General Hospital, class of 1906, and had done private work in Rochester until three years ago, when she went to Glens Falls as visiting nurse for the Metropolitan Life Insurance Company. The sad news of her death came as a great shock to her many friends in Rochester.

On December 17, at Ancon Hospital, Canal Zone, suddenly, of cerebral hemorrhage, Mrs. Catherine Heints, class of 1885, Memorial Hospital, Orange, New Jersey. Mrs. Heints had been in Panama but ten days and was ill but a few hours. She had not done active nursing work since her marriage, fifteen years ago.

On January 14, at L'Ailee Ranch, Stephensville, Montana, Helen Louise Smullin, class of 1911, City Hospital, Wheeling, West Virginia. Miss Smullin had gone to Montana in the early fall to regain her health but contracted typhoid which resulted in her death. She was an active member of her Alumnae Association and also of the Ohio County and West Virginia State Associations of Graduate Nurses. Burial was from her home in Franklin, Pennsylvania. Her kind and gentle manner won her many friends who will deeply mourn her loss.

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

**MEDICAL AND SANITARY INSPECTION OF SCHOOLS.** For the Health Officer, The Physician, The Nurse and The Teacher. By S. W. Newmeyer, A.B., M.D., in charge of the Division of Child Hygiene, Bureau of Health, Philadelphia. Price \$2.50. Lea and Febiger, New York and Philadelphia. 12 mo., 318 pages, illustrated with 71 engravings and 14 full page plates.

This work covers everything relating to administration of school inspection.

It is divided into four parts, the first treats of general considerations, costs, personality of inspectors and nurses, systems of inspection and record keeping. The second takes up school buildings and grounds; the third, infectious contagious and communicable diseases; the fourth, physical defects.

**THE HOME NURSE: THE CARE OF THE SICK IN THE HOME.** By Dr. E. B. Lowry, author of *Herself, Himself*, etc. Price \$1.00. Forbes and Company, Chicago.

Dr. Lowry, whose able treatment of sex teaching for the young has been noted in these pages, has made a new departure and comes to us with a book on home nursing. The subject has been exhaustively written up, from all points of view, but Dr. Lowry's little book, while it has nothing new to offer, will without doubt find many readers. It is intended for family use and makes no claims as a nurses' text book. Uniting practical common sense with the best medical knowledge, it forms a safe guide to those who are obliged to carry on the nursing of the sick without being trained thereto.

**MASSAGE, MANUAL TREATMENT, REMEDIAL MOVEMENTS.** By Douglas Graham, M.D., Consultant and Instructor in Massage, Boston; Member of the American Association for the Advancement of Science; of the American Medical Association; The Massachusetts Medical Society, etc. With a Chapter on Massage of the Eye, by Dr. A. Darier, Paris, Formerly President of the Ophthalmological Society of Paris, Chevalier of The Legion of Honor. Fourth edition. J. B. Lippincott Company.

This book includes a history of massage, modes of application and effects, indications and contraindications for its use.

**SOCIAL WORK IN HOSPITALS.** By Ida M. Cannon, R.N., Head Nurse, Social Service Department, Massachusetts General Hospital. Price \$1.50. Survey Associates, Inc., Publishers for the Russell Sage Foundation, 105 East 22d Street, New York.

It is not given to every one to combine such gifts of searching and far reaching observation, and such accurate deduction of cause and effect as Miss Cannon reveals in her *Social Work in Hospitals*. Of recent or comparatively recent origin, since the initial social service department was organized at the Massachusetts General Hospital in 1905, the work has been under close observation by the writer during the entire time of its existence and although she calls it a "preliminary survey of its present status," we venture to predict that this book will not be called upon to give place to any more comprehensive and authoritative work for some time to come. It is the more remarkable that with the evidence before us of so much practical work, Miss Cannon has found time for the preparation of one of the most readable books possible. When it has completed its mission as "a contribution to progressive medicine" which is the sub-title it carries, there will be found that it has a large number of readers among the laity, who are glad to find that the usually arid pages of statistics and schedules of cases, can be read with an interest that carries the reader through the entire volume.

Chapters X, XI, and XII on "Organization," "Workers," and "The Future of Hospital Social Service," respectively, will be found to be most helpful where hospital social service is not yet established or where it is being introduced as an experiment. There are no hard and fast rules laid down; if the author insists upon any one thing, it is that if the work be undertaken at all, it must be with the right spirit. The book is not intended to be a text-book, rather is it "an interpretation of what the movement means to some of those most closely in touch with it. This is no time for dogmatic statements. The essential thing for any new movement is that its leaders, while firm in the conviction that a fundamental truth is being carried forward, should still be open-minded and plastic enough to fit it gradually into its place of greatest usefulness."

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